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Union College - Schenectady, NY

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Acting Hysterical:

Analyzing the Construction, Diagnosis and Portrayal of Historical and Modern Hysterical Women

By

Gillian M. Singer

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Submitted in partial fulfillment
of the requirements for
the Department of Gender, Sexuality, and Women's Studies

UNION COLLEGE

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For the women
who never had the opportunity to tell their own stories,
who have been oppressed and repressed,
who have been silenced,
who feel or felt unheard.

“I suppose I have found it easier to identify with the characters who verge upon hysteria, who were frightened of life, who were desperate to reach out to another person. But these seemingly fragile people are the strong people really.”

— *Tennessee Williams, American playwright*

ABSTRACT

SINGER, GILLIAN M. Acting Hysterical: Analyzing the Construction, Diagnosis and Portrayal of Historical and Modern Hysterical Women.
Department of Gender, Sexuality and Women's Studies, March 2019

ADVISOR: Andrea Foroughi

Hysterical women's stories from the 19th and 20th centuries have all too often been ignored and furthermore, invalidated through the capitalization and spectacularization of hysterical women's experiences. "Acting Hysterical: *Analyzing the Construction, Diagnosis and Portrayal of Historical and Modern 'Hysterical' Women*" aims to acknowledge hysterical women's narratives by studying the visual documentation of hysterical women. Visual documentation of hysteria began with the photographing of Dr. Jean-Martin Charcot's "hysterical" female patients and extends to modern cinematic representations from the last two decades of historical and modern hysterical women.

Medical Muses, a book based in years of research by Asti Hustvedt served as the muse for this project. The historical account narrates the lives of three specific women (Blanche, Augustine, and Genevieve) who were treated in the 19th century for hysteria by Dr. Charcot, the "father of hysteria," at the *Hôpital universitaire Pitié-Salpêtrière* in Paris, France. After reading the book, a hunger for an answer to the following questions lingered: do modern representations of hysteria validate or invalidate hysterical women's experiences? Moreover, how does modern day society portray hysterical women, if at all?

To begin, *Chapter 2: Defining Identity, Truth and Authenticity in Personal Narrative* outlines the evidence of this thesis' hypothesis that the narratives of hysterical women have, in fact, been invalidated. The evidence lies in the examination of Dr. Charcot's aforementioned

photographs of his hysterical patients and also in the presentations where he displayed his hysterics for physicians' and audiences' viewing pleasure in 19th century Paris. "Acting Hysterical" investigates cinematic portrayals from the last 20 years of hysterical women in *historical* contexts and in *modern* contexts. Moreover, it considers how the *perceptions* of the films validate and/or invalidate their experiences by engaging with written and video evaluations made by the general population and by feminist and medical scholarship about the films. The primary piece of feminist scholarship used in film interpretation is Laura Mulvey's piece, "Visual Pleasure and Narrative Cinema." Finally, this chapter discusses the subjectivity of "truth" and how this should be taken into account when looking at the primary and secondary sources used in this thesis.

The next chapter, *Modern Cinematic Accounts of Historical Hysteria*, discusses modern representations of historical hysteria in film, specifically in *Hysteria* (2011), *A Dangerous Method* (2011), and *Augustine* (2012). Also in this chapter is an analysis of Charlotte Perkins Gilman's "The Yellow Wallpaper" and its corresponding 2011 short film. *The Yellow Wallpaper* is the only film/story included in this thesis that is based on a woman's own expression of living "hysteria," making it a vital component to the holistic analysis of representation. Then, the correlation between hysteria and these four films is drawn by narrating the relevant history of sexually repressive social norms and Victorianism. Concluding this chapter is the systematic application of this thesis' conjecture that all cases of historical *and* modern hysteria stem from repression and/or trauma.

The fourth chapter, *Hysteria in Modernity*, is dedicated to defining modern hysteria as well as modern *mass* hysteria, followed by the study of the portrayals of the modern hysterical women in *Black Swan* (2010), *The Falling* (2015), and *The Virgin Suicides* (1999). These topics

are first introduced by defining and characterizing 21st century hysteria. Then, the chapter cites *Black Swan* (2010) as the primary and most significant example of modern-day hysteria in film. Then, after defining modern *mass* hysteria, the chapter ends with the dissection of *The Falling* (2015) and *The Virgin Suicides* (1999), the two most notable examples of modern *mass* hysteria in cinema.

This thesis communicates the universality of “being hysterical” by emphasizing the similarity between female experiences of hysteria in entirely different centuries and geographical locations. Not only are their experiences universal, but so is the exploitation of their narratives. The nature of being hysterical, in every sense of the word, serves as entertainment for the public. Just as sex sells, so do hysterical women. This concept of portraying hysteria and hysterical women in film is riddled with contradictions: the portrayals of their stories validate their experiences (to an extent), but the over-sexualization of their characterizations invalidates their experience and reduces them to a commodity for sexual objectification and consumption. The seven identified films in this thesis spread consciousness on the historical phenomena of hysteria, yet dramatize the stories and by doing so, skewing the “truth” of what really happened (even when “truth” is subjective). The films critique the oppression of female sexuality, yet turn female sexuality into a spectacle that serves the heterosexual, male gaze.

CHAPTER 1: Introduction

I. Inspiration for research

I was first intrigued by the concept of hysteria in my Gender, Sexuality, and Women's Studies courses in the beginning of my undergraduate career. I learned about the concept of the "wandering womb" and was intrigued by how one theory established a socially constructed illness for women that persisted over thousands of years... and also at how seemingly obtuse the men were when prescribing horseback riding or fresh air as a cure for a woman's supposedly nonsensical behavior. On my first trip to Paris, I encountered hysteria again, but this time in a book titled Medical Muses by Asti Hustvedt. The book follows three historical accounts of women diagnosed with hysteria in late 19th century France within the walls of the *Hôpital universitaire Pitié-Salpêtrière*.¹ The accounts are intended to narrate and follow the experiences of Dr. Jean-Martin Charcot and the three patients: Augustine, Blanche, and Genevieve. Charcot is known as the father of all things hysterical; a superlative so notably ironic due to the fact that he, a *man*, is considered be the father of an illness which plagued exclusively *women* (specifically women who betray what is expected of them within patriarchal western society).

II. The Masculine Construction of Hysteria

At the turn of the 19th century, at the time of many cases of "hysteria" (specifically in Western Europe), gender and sex were defined by biology; womanhood was constructed by menstruation, a uterus, a vagina, and breasts.² Being a woman meant being destined for

¹ The *Hôpital universitaire Pitié-Salpêtrière* is referred to as just "*Salpêtrière*" and thus, that is how it will be referenced in this thesis.

² I approach my analyses with the knowledge that not all women have vaginas, the ability to menstruate and/or procreate, are attracted to men, have sex with men, or have sex at all. Simultaneously, not all beings that menstruate, have vaginas, procreate, or have sex with men are women. Hysteria was also not a universal reality for the women of the 19th century, nor was it lived identically throughout different strata of social standings, socioeconomic classes, races, religions, or sexual identities. Additionally, I am conscious of the fact that I use generalized terminology in

matrimonial monogamy, motherhood, and domesticity. Thus, when a woman strayed from this predetermined path or engaged in “unconventional” behaviors, she was either labeled as a hysterical woman or diagnosed with having hysterical symptoms. So what is hysteria? Where did it come from? Who are “hysterical women”? Is the “hysterical woman” tantamount to a woman diagnosed with hysterical symptoms?

Hysteria is a historical medical marvel (although its influence still lingers in modern psychiatric diagnoses), as it is no longer a medical diagnosis since its omission from the third version of the Diagnostic and Statistical Manual (DSM-III) in 1980.³ In modernity, defining hysteria remains difficult and the definition itself is amorphous due to a lack of universal agreement. To some, it is categorized as a socially or culturally constructed condition that expresses social and cultural conditions.⁴ To others, hysterical symptoms are “now considered as manifestation of dissociative disorders.”⁵ Dissociative disorders, according to The National Alliance on Mental Illness (NAMI), are “characterized by an involuntary escape from reality characterized by a disconnection between thoughts, identity, consciousness and memory. People from all age groups and racial, ethnic and socioeconomic backgrounds can experience a dissociative disorder... with women being more likely than men to be diagnosed.”⁶ Similarly, Gender Identity Disorder (now called gender dysphoria) and Catatonia as psychotic diagnoses have since been removed from the DSM.⁷ What is interesting about the removal of these three

reference to “women.” I use female pronouns (she/her/hers) and refer to subjects as “women” based on the fact that this is how they are referred to in the sources that reference them.

³ Cecilia Tasca et al., “Women and Hysteria in the History of Mental Health.” *Clinical practice and epidemiology in mental health : CP & EMH* 8, no. 1 (2012): 110-119.

⁴ Asti Hustvedt, *Medical Muses: Hysteria in 19th-Century Paris*. New York City: W. W. Norton & Company Inc., 2011. 8.

⁵ Tasca et al., 116.

⁶ “Dissociative Disorders.” Available from <https://www.nami.org/learn-more/mental-health-conditions/dissociative-disorders>.

⁷ John Geer. “DSM-5: What's in, what's Out.” May 10, [cited 2018]. Available from <https://www.medpagetoday.com/meetingcoverage/apa/32619>.

ex-diagnoses is their relation to the psychiatric diagnosis of hysteria. Catatonia is defined by the *Encyclopedia of Mental Disorders* as the “disturbance of motor behavior that can have either a psychological or neurological cause. Its most well-known form involves a rigid, immobile position that is held by a person for a considerable length of time— often days, weeks, or longer.” Catatonia was one of many symptoms that contributed to Charcot’s diagnosis of hysteria. In addition to hysteria, Gender Identity Disorder is another example of a “condition” that has been removed from the DSM. The commonality between Hysteria and GID is that they both break socialized expectation of gender; contrary to traditional socialization, hysterical women may want to work in the public sphere and those with Gender Identity Disorder may not align with prescribed feminine or masculine identities.

The history of hysteria is outlined in “Women and Hysteria In The History Of Mental Health” by Cecilia Tasca, Mariangela Rapetti, Mauro Giovanni Carta, and Bianca Fadda. According to these authors, evidence of the first documentation of what was deemed as “hysteria” is found in 1900 BC in Ancient Egypt and was the first mental disorder attributable to women; its causation was attributed to “spontaneous uterus movement within the female body.”⁸ Following recorded cases of hysteria in ancient Egypt, the illness is next chronicled by physician Melampus in Greek mythology.

In the case of Euripides Myth, the experience of Maenads (Dionysus’ followers who were characterized as mad women) reached catharsis through wine and orgies. Aristotle and Hippocrates also subscribed to Plato’s theory.⁹ Hippocrates became known as the first to label the condition as “hysteria” as described by Tasca, Mariangela, Carta, and Fadda:

He emphasizes the difference between the compulsive movements of epilepsy, caused by a disorder of the brain, and those of hysteria due to the abnormal

⁸ Tasca et al., 110.

⁹ Ibid, 110-111.

movements of the uterus in the body... he resumes the idea of a restless and migratory uterus and identifies the cause... as poisonous... due to an inadequate sexual life... He asserts that a woman's body is physiologically cold and wet... For this reason, the uterus is prone to get sick, especially if it is deprived of... sex and procreation, which, widening a woman's canals, promote the cleansing of the body...¹⁰

As a method for prevention of symptoms of uterine migration (anxiety, sense of suffocation, tremors, convulsions, and paralysis), "He suggests that... widows and unmarried women should get married and live a satisfactory sexual life within the bounds of marriage."¹¹ Not only is he prescribing what is socially expected in terms of domesticity and gender roles but this statement is also very revelatory in terms of the expectation (and lack thereof) of sexual pleasure.

Plato, at this point, "adhered to an animalistic view of the uterus and of hysterical symptoms: the uterus was an independent animal which wilfully wandered the woman's body and caused disease."¹² While this theory seems ludicrous within the context of modern medicine, it could actually be looked at as extremely progressive for its time. Plato does not demonize womanhood or even the woman, but rather characterizes the uterus as an independent source of evil within the body—almost as if women had been the victims instead of the perpetrators of hysterical behavior.

Women continued to be deemed hysterical through the eras of Ancient Rome, the Middle Ages, and the Renaissance, but toward the end of the 16th century, there is a shift in diagnostics and trends in treatment. Theological influence from the Roman inquisition produced Giovan Battista Codronchi (1547-1628), a theologian and physician, criticized and prohibited manual stimulation of the female genitalia as treatment for hysteria; instead, women should seek out spiritual guidance and causation tended to be ascribed to demons or possession or morality.

¹⁰ Ibid., 111.

¹¹ Ibid., 111

¹² Mark J. Adair "Plato's View of the 'Wandering Uterus'." *The Classical Journal* 91, no. 2 (1996): 153-163.

It was not until the 1600s that the English physician, Thomas Sydenham (1624-1689), proposed that hysteria does not stem from “uterine fury” or the uterus, but rather somatic or psychological symptoms.¹³ He asserted that “the uterus is not the primary cause of the disease.” Due to this, his work has been deemed as: “revolutionary as it opposes the prejudices,” yet, “it will take several decades for the theory of “uterine fury” to be dismissed.”¹⁴

Following the Salem Witch Trials in the 1690s, morality or lack thereof was the culprit of hysteria and its symptoms. This standard of Christian morality is strengthened by the modest and rigid Victorian behavior toward sexuality in Western Europe.

Theories on hysteria continued through the Victorian Age (1837-1901) and this brings the hysterical narrative to the days of Dr. Jean-Martin Charcot’s practice at the *Hôpital universitaire Pitié-Salpêtrière* and Sigmund Freud’s theories on female sexuality. Amongst names such as Carl Jung, Freud presumably remains the most prominent and most influential in terms of the development of psychological and psychiatric theories. Freud has evolved into a household name specifically in reference to the psychology of sexuality. Both Freud and Dr. Charcot studied hysteria, however, the primary difference between their methodologies is the reason for the lack of analysis of Freud and Breuer’s theories and the focus on Charcot’s. Freud and Josef Breuer¹⁵ published their Studies on Hysteria less than twenty years after the publication of Charcot’s Iconographie photographique de la Salpêtrière and the distinction between the two analyses of hysteria is radical: “Unlike [Dr. Charcot’s] work, however, Freud’s and Breuer’s investigations relied on verbal information from the [female] patients themselves, rather than on visual

¹³ Tasca et al., 113.

¹⁴ Ibid., 113.

¹⁵ A Viennese psychoanalyst (1842-1925) that served as a mentor and confidant for Sigmund Freud.

representation of their bodies.”¹⁶ Freud and Breuer chose to base their analysis on their female patients’ own thoughts and expressions and therefore, whether consciously or subconsciously, did the opposite of Charcot who spoke for his female patients based on his own hypotheses and ideas. This thesis focuses on how these men’s, like Charcot’s, manufactured representations of the women that they studied and “treated” have informed more recent depictions of women exhibiting hysterical symptoms and/or hysterical women.

While the concept of “hysteria” obviously predates the existence and practice of Frenchman Dr. Jean-Martin Charcot, he is considered the “discoverer” of hysteria in the contemporary age because he was the first to differentiate the condition from other mental disorders and epilepsy in his time.¹⁷ In the context of “hysteria outbreaks” (outbreaks referring to increases in cases of diagnosed hysteria or instances of reported mass hysteria) in 19th century Western Europe, some physicians and members of the general population classified hysteria as an ailment of the psyche, some as a psychiatric disorder, some as a psychosomatic affliction¹⁸, and some as a mere theatrical performance. According to Hustvedt, one of Charcot’s star patients Marie Wittman, later referred to as Blanche, was dubbed “the Queen of Hysterics.” Hustvedt explains, “[Blanche] was merely performing a part written for her by Charcot. Others believed that she was herself the author of an elaborate hoax, deceiving not only the gullible public, but the great master himself.”¹⁹

¹⁶ Daphne de Marneffe, "Looking and Listening: The Construction of Clinical Knowledge in Charcot and Freud." *Signs* 17, no. 1 (1991): 71-111.

¹⁷ Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière* (Cambridge, Mass: MIT, 2003), p. 19.

¹⁸ Encyclopaedia Britannica defines “psychosomatic” as a “condition in which psychological stresses adversely affect physiological (somatic) functioning to the point of distress. It is a condition of dysfunction or structural damage in bodily organs through inappropriate activation of the involuntary nervous system and the glands of internal secretion.

¹⁹ Hustvedt, 35.

Hustvedt also notably states, “Located on the problematic border between psychosomatic and somatic disorders, hysteria was a confusion of real and imagined illness.”²⁰ Whether hysteria should be classified as a medical, or physiological, condition is beyond the scope of this thesis. Rather, this thesis asserts that hysteria is a set of reactive symptoms that reflect the consequences of imposed socialized expectations onto women in conjunction with the dismissal of women’s mental health/illness. Hustvedt articulates a sensible hypothesis when she argues, “Hysteria was at least partly an illness of being a woman in an era that strictly limited female roles. It must be understood as a response to stifling social demands and expectations aptly expressed in paralysis, deafness, muteness, and a sense of being strangled.”²¹ Hustvedt makes convincing argument when she asserts, “that Blanche, Augustine, and Genevieve were neither frauds nor passive receptacles of a sham diagnosis. They really did ‘have’ hysteria.”²² As stated before, this thesis operates under the assumption of the validity of their condition and symptoms, thus, what could hysteria as a social construct be asserting? Using this theory, one could argue that hysteria, and its cinematic portrayals, became a political or social statement in regard to sex, sexuality, and female autonomy.

Whether or not they were intended to be or received as political or social statements, the narrative of hysterical women has been portrayed in a variety of ways. Also among these varieties in portrayals exist varying points of view. It is important to note that it is men (specifically male doctors and academics) who manufactured “hysteria” as a way to diagnose the women with the hysterical women and women who strayed from white, heterosexual, upper class expectations. Women have long been characterized in their relation to man—a biblical Eve was created from the rib of Adam and in 1949 with the publication of The Second Sex, Simone de

²⁰ Hustvedt, 5.

²¹ Ibid., 4.

²² Ibid., 5.

Beauvoir astutely concluded that women are considered the “other” in relation to men—their worth measured by their fertile wombs.²³ Simultaneous to the characterization of women in relation to men, it is those very men who were formulating and normalizing their ideas of femininity in society, creating a socialized standard, the confines of which women were and are expected to remain within.²⁴

Dating back to Ancient Egypt and persisting for thousands of years until today, men’s diagnoses and accounts have remained dominant in the illustrations of women and women’s history—particularly pertaining to “hysterical” women. Thus, by imposing their own biases into their documented diagnoses or narratives, they warp the women’s stories and realities, making them their own and essentially molding perceptions to come so they fit their preferences.

III. The Role of Visual Documentation of Hysteria and its Analysis

In the 2012 film adaptation (directed by Stuart Hacksaw) of Charlotte Perkins Gilman’s “The Yellow Wallpaper,” a 1892 short story written from the author’s perspective, the protagonist says to her husband: “I can’t stay in that room, John,” for she fears it is driving her even more crazy than she was considered to be prior to her forced vacation in an antiquated country house. To that he responds, “Trust me. You are looking much better.” This very dialogue is significant in that John expects to be and is trusted to know what is best based on his medical training and gender/sex, and the wife [Gilman] is compelled to obey. However, John does not physically force her back upstairs to the room haunted by tacky yellow wallpaper, nor does he yell or threaten her. Why does she continue to follow the doctor’s orders, simultaneously her

²³ Simone de Beauvoir, *The Second Sex*. 1st American ed. New York: Knopf, 1983.

²⁴ It would be interesting to know whether female physicians, who emerged as recognized medical professionals in the late nineteenth and early twentieth centuries, perpetuated these male originated diagnoses and assumptions or called them into question. In other words, were female medical doctors also part of normalizing these ideas, perhaps reflecting those male biases? Alternatively, do they begin to offer a counter-narrative about hysteria and women’s illness? Upon research, I was unable to find any documentation of women treating other women for hysteria... I believe this further supports my contention that hysteria was manufactured and maintained by male doctors.

husband's orders, when they contradict her own desires? Despite knowing what is best for herself, she remains repressed and oppressed by what is expected of her.

The story and film raise the question: what happens when a woman strays from assumed subservience?²⁵ She must be crazy to do that... even "hysterical." Moreover, how does the *way* in which her story is told alter the story itself? In that, how does the male gaze (omnipresent in film, photography, and all forms of visual representation) reinforce the socialized and axiomatic consciousness of the masses in relation to what a hysterical woman looks and acts like? How do the cinematic retellings of her story validate and/or invalidate the experience of the diagnosis?

Before mainstream cinematography, Dr. Charcot, in his engagement with neuroses, "armed himself with photography,... [which] was simultaneously an experimental procedure (a laboratory tool), a museological procedure (scientific archive), and a teaching procedure (a tool of transmission)."²⁶ While Charcot was not the first (supposedly, the first photographs of this nature were those of Dr. Hugh W. Diamond from the Surrey County Asylum in Springfield in the early 1800s²⁷) and was not the last to document patients suffering from hysteria,²⁸ his photos have been more widely consumed through the popularization of hysteria narratives. With the consumption of his photographs, in a sense, Charcot's constructed reality was accepted as the ultimate truth due to the fact that it is photographically documented, and thus "true." In current American society, proof is essential to believing the story. For example, our justice system is based on the philosophy of innocent until proven guilty, thus, even if someone reports a crime or transgression of the law, the reported assailant is not guilty unless, now, there is DNA,

²⁵ While readers do not know what caused her to be whisked away to this country house, it can be assumed that her doctor (and husband) noticed a change in her demeanor or her behavior that did not meet or fit his (or society's) expectations, thereby warranting the need for country air and rest.

²⁶ Didi-Huberman, 28, 30.

²⁷ Didi-Huberman, 38.

²⁸ One notable example of modern photographic representations of mental patients is the project titled "Ward 81" by Mary Ellen Mark (1976).

photographic evidence, or many witnesses corroborating the accusation. This means we do not rely on spoken word as proof... we rely on visual evidence (as they say, something must be seen to be believed).²⁹ The problem is, in the case of hysterical patients, they were not the ones documenting their lives, hospitalizations, etc. Their male doctors or husbands or male hospital employees were the ones documenting what they saw. This is further hypothesized upon by Georges Didi Huberman in his book, Invention of Hysteria: Charcot and Photographic Iconography of the Salpêtrière: “The paradox of photography is what I would call a *paradox of spectacular evidence*. It is... a paradox of a sort of *knowledge* that slips away from itself, despite itself; the endless flight of knowledge, even as the object of knowledge is photographically detained for observation, fixed to objectivity.”³⁰ Didi Huberman’s arguments, more simply put, but based on the remainder of the passage, include: a photograph can only be a resemblance of its subject, perceptions of photographs are influenced by point of view and fabrications of beauty, the moment is manufactured and lacks authenticity, it implies that the portrait and the portrayed are one in the same, and finally, there is an integral element of performance in posing in front of a camera.³¹ Thus, what is seen in a portrait or photograph or movie is controlled and altered, consciously and/or subconsciously, by the subject, the person or people behind the camera, and the viewer. This means that in the cases of Charcot’s patients, the photographs are not a representation of what was experienced by the patients themselves, leaving the *truth* and reality unknown outside the confines of lived experience.

The part of Didi Huberman’s assertion, that perceptions of photographs are influenced by point of view and fabrications of beauty, incorporates the concept of the male gaze in the

²⁹ I stand by this assertion in general terms, however it is important to note that even visual evidence, like in cases cell phone videos depicting instances of police brutality, has been written off as inconsequential. This illustrates the effect of social privilege and power hierarchies on the United States justice system.

³⁰ Didi-Huberman, 59.

³¹ Didi-Huberman, 59-66.

observation of patient cases. On its most basic level, a man is creating and portraying these women's stories while he is also the intended audience.³² In the case of Charcot's patient photographs, the pictures were staged by men, taken by men, and reproduced in order to be viewed by other men (i.e. male physicians). Moreover, because men created and consumed the photographs and narratives, they incorporated male gaze and preconceived notions and biases of beauty.

This very same influence can be found in modern portrayals of hysteria. The male gaze has not evaporated with the passage of time, neither has human bias (nor will either vanish anytime soon). In her essay titled "Visual Pleasure and Narrative Cinema," Laura Mulvey (a feminist film theorist from England) deconstructs the "socially established interpretation of sexual difference which controls images, erotic ways of looking and spectacle."³³ She begins by explaining the two types of pleasure that come from viewing film: scopophilia, where one takes pleasure in looking (simultaneously, there is pleasure in being looked at), and the latter related to "the long love affair/despair between image and self-image which has found such intensity of expression in film and such joyous recognition in the cinema audience."³⁴ The second type of pleasure that stems from cinema, according to Mulvey, stems from narcissism—from concurrent loss and gain of ego through self-identifying with the image seen. She explains, "the cinema has structures... strong enough to allow temporary loss of ego while simultaneously reinforcing the ego".³⁵

Furthermore, in her analysis of the consumption of cinema, Mulvey acknowledges that the world is "ordered by sexual imbalance" and "pleasure in looking has been split between

³² In this instance and with this feminist hypothesis, it should be noted that the male gaze, as is "the intended audience," the heterosexual male gaze.

³³ Laura Mulvey, "Visual Pleasure and Narrative Cinema." *Screen* 16, no. 3 (1975): 6-18.

³⁴ Mulvey.

³⁵ Ibid.

active/male and passive/female.”³⁶ The submissive female is and has been the most common assignment in gender and sex power structures. In many ways, Augustine (Charcot’s patient at the *Hôpital universitaire Pitié-Salpêtrière*) is an exemplary of this theory. Augustine was “pretty” and filled the pages of *Iconographie photographique de la Salpêtrière*.³⁷ The photographs were used to prove hysteria to Charcot’s critics: “The camera was meant to turn Augustine into a series of isolated symptoms, and the perfectly flat and beautiful images that resulted were held up as evidence of Charcot’s theories.”³⁸ Her analysis exemplifies Laura Mulvey’s psychoanalysis in the context of scopophilia— there was pleasure in looking, and the pleasure was to be had by the men who were deciding whether or not Augustine’s, among the others’, condition was to be believed and validated by the viewers of the photographs.

V. Methodology

I was on the phone with my parents and they asked how my research for this thesis had been going and I told them I was watching a movie about the invention of the vibrator in the 19th century for my thesis research. There was a pause and my father uncomfortably mumbled (jokingly) “Stay away!” to which my mother retorted, “Steven! That was not very sex positive!”

It is using the theories and research similar to that of Asti Hustvedt, Laura Mulvey, and Georges Didi-Huberman upon which I am basing my investigation. While it is not this thesis’ goal to validate or invalidate “hysteria” as a medical diagnosis, it is important to ask *who* constructed the “truth” that is being portrayed and consumed. As previously explained, the formulation of the diagnosis and the portrayal of hysterical women is rooted in the male perspective.³⁹ Patient files, from the nineteenth century until today, are written by the

³⁶ Ibid.

³⁷ Hustvedt, 145-146.

³⁸ Ibid., 146.

³⁹ There *have* been films made portraying men with mental illness, however, I choose to focus in particular on hysteria due to the fact that it was almost strictly diagnosed in women and not men.

physician—oftentimes, patients do not even see their own files. With this, the patient cannot correct, edit, or alter any information which they feel is inaccurate.

In this paper, I will be referencing “modern portrayals of historical hysteria” and “modern portrayals of modern hysteria.” In the collection of my sources, films from both categories portray instances of what I believe would or could be considered hysteria or hysterical symptoms and all of the films were released in the last twenty years (1999-2019). I define historical hysteria as cases of hysteria occurring in the late 19th century until the beginning of the 20th century. Historical cases which I will be analyzing include Dr. Charcot’s patients and Charlotte Perkins Gilman. The modern cinematic portrayals of historical hysteria which will be analyzed throughout this paper include the following: *Hysteria* (2011), *A Dangerous Method* (2011), *Augustine* (2012), and one visual representation of *The Yellow Wallpaper* (2011), based on the short story written by Charlotte Perkins Gilman.⁴⁰

When searching for films to include in the thesis, most films were found through browsing online streaming services and through blogs and popular culture based online platforms similar to and including Dazed,⁴¹ Taste of Cinema,⁴² and Vice.⁴³ The articles that named the selected films were written to highlight either hysteria in films or the intricate relationship between women and mental health. Additionally, I chose to limit the films to those made within the last twenty years.

⁴⁰ Also addressed will be the differences in authenticity of the cinematic representation of Gilman’s documentation of her own experiences in comparison to the other non-autobiographical sources.

⁴¹ Rena Niamh Smith "Tracing Female Hysteria on Film." April 24, Available from <http://www.dazeddigital.com/artsandculture/article/24483/1/tracing-female-hysteria-on-film>.

⁴² Torie Gehrig, "The 16 Best Movies about Female Mental Illness." March 22, Available from <http://www.tasteofcinema.com/2015/the-16-best-movies-about-female-mental-illness/>.

⁴³ Shola von Reynolds, "Exploring how Female Hysteria is Presented in Film." October 13, Available from https://i-d.vice.com/en_us/article/a3vw5j/exploring-how-female-hysteria-is-presented-on-film.

Finally, in selecting films to use for this analysis, it was natural to gravitate toward films which were more easily accessible through streaming platforms, ones with more notoriety, and ones that were in English or had English subtitles.

CHAPTER 2: Defining Identity, Truth, and Authenticity in Personal Narrative

I. Hysterical Women vs. Women with Hysterical Symptoms

Before moving forward with further analysis of the representations of hysteria in film, a distinction must be made between a hysterical woman and a woman with diagnosable hysteria. Under each of these two classifications (hysterical women versus women with hysterical symptoms) falls various films, some of which slightly overlap, but for the most part, the division between these classifications remain fairly concrete.

One reason why the particular distinction between women with diagnosed hysteria and women who were only considered to be hysterical is crucial because, although fictional or based in reality but altered by creative license, it highlights the privilege within the spectrum of experience of being hysterical and being *diagnosed* with hysteria and its symptoms. For example, two films that illustrate this theory about the privilege that differentiates a hysterical woman and a woman with hysterical symptoms are *Augustine* (2012)⁴⁴ and *Hysteria* (2011).⁴⁵ Augustine, the title character and one of Dr. Charcot's previously mentioned and notable patients, works as a house servant to a wealthy French family (a historically accurate fact) and she is classified as a woman with diagnosable hysteria, by her employers and later by Dr. Charcot in *Salpêtrière*. In contrast, in the movie *Hysteria* (2011),⁴⁶ Charlotte Dalrymple, played by actress Maggie Gyllenhaal, is the daughter of a well-respected doctor who treats hysteria. Their upper class status affects how Charlotte is characterized as a hysterical woman and in Charlotte's case, there is an obvious connection between her abandonment of the life she was

⁴⁴ Alice Winocour, *Augustine*. Edited by Laurent Pétin, Michèle Pétin, Emilie Tisé et al., . France: ARP Sélection, 2012.

⁴⁵ Tanya Wexler, *Hysteria*. Sony Pictures Studio, 2012.

⁴⁶ *Hysteria* (2011) is based on Rachel Maines' 1999 book The Technology of Orgasm: "Hysteria," The Vibrator, and Women's Sexual Satisfaction, a book which follows the factual invention of the electromechanical vibrator. Thus, the characters in the film represent actual people who lived the story included in the film.

“meant” to aspire to and the “onset” of her father calling her hysterical. Instead of caring for the house and playing piano like her sister, Charlotte is incredibly empowered—she refuses to marry a man who is not an “equal partner” and wants to use her dowry to financially support the shelter where she works and funnels her familial fortune into. Her “unconventional” and rebellious ways classify her as hysterical in her father’s respect and he cuts her off financially until she agrees to return to the realm of domesticity and assume the role she was expected to.

Charlotte Dalrymple is characterized as “hysterical” within the first eleven minutes of the film when she storms into the waiting area from the office of her father’s psychiatric practice screaming at her father: “You are a charlatan with no more idea of a woman’s wants or needs than of... of the Moon’s atmosphere!” to which her father responds, “Charlotte I simply want you to behave.” Following upon this Charlotte retorts, “You may be unaware, but there is a social revolution afoot! Women will no longer be denied our rightful place. Try, as you might, to keep us in a kitchen and in a drawing room, we will not rest until we are welcome in the universities, in the professions, and in the voting booth!” Charlotte noticed Mortimer Granville, the young physician applying for employment with psychiatrist Dr. Dalrymple, staring at her: “What are you staring at?” She storms out of the building, slamming the door, to which Mortimer responds with “That woman was...” and Dr. Dalrymple interrupts by finishing his statement: “Hysterical... It’s a very difficult case, that one.”

As a white, upper class woman from an intellectual household, her feminist proclivities are dismissed as more harmless hysterical behaviors. Consequently, she is not institutionalized as Augustine is, but simply given looks of disapproval. The element of class privilege differentiates the social and medical response to Augustine’s diagnosis of hysteria and Charlotte Dalrymple’s

hysterical behaviors.⁴⁷ Furthermore, the hysterical women being treated by Dr. Dalrymple and eventually by Dr. Granville can afford medical care and “treatment,” which included manually induced “paroxysms,” or, orgasms. “Paroxysm” was what physicians like Dr. Joseph Mortimer (who did actually patent the electromechanical vibrator in 1880) called orgasms before they figured out that women could experience sexual pleasure.

Apart from identifying privilege in the two categorizations of women and their relationships to hysteria, it is also important to remember who is defining their identities as hysterical and who is diagnosing them. The external definition of their identities and mental standing is what removes the authenticity of the story and disempowers those who actually experience the ailment. This verity also applies to the how well the cinematic works are documenting historical reality that was once lived and experienced by real people who benefitted from and were scorned by what are now Hollywood plot lines. It is hard to know to what degree the films analyzed in this thesis are accurate and with whose truth they align.

II. Determining Truth and Authenticity of Documented Personal Narrative

A critical factor to take into account when evaluating authenticity of any documentation of one’s reality is that truth is always subjective. While the definition of “truth” is factual and undeniable reality, this isn’t necessarily the whole story. Dr. Charcot had his own reality and consciousness based on his biases, desires, and knowledge—this is the truth that has survived through medical journals and photographic “evidence”... this is also the truth of which this thesis criticizes. If it is accurate that Freud’s and Breuer’s publication on the experiences of women and hysteria incorporated the stories and thoughts of the patients themselves, that would unite the

⁴⁷ It is also a possibility that, in reality, these responses were also influenced by variance of the French and English cultures.

subjective realities of both the patients and the physicians, making it more legitimate because potentially opposing truths are considered and agree with and rival against one another.

Regardless of actual, certain “truth,” this thesis is more focused on critiquing the reality that Charcot’s truth survived and overpowered that of his female patients, although it was their own story to tell.

Similarly, the concept of ownership of one’s experiences is one that is often applied in contemporary Western society when it comes to sexual assault. Telling the story of someone else’s sexual assault betrays and disempowers the survivor or victim (however they prefer to identify) because it is, in fact, *their* story to tell and no one else’s. Similarly, in the culture of being an ally, it is compulsory for allies to not speak *for* marginalized peoples, but rather, amplify the voices of survivors/victims. It is not an ally’s place to share or appropriate the experiences of marginalized identities since it is not an experience that is their own. By amplifying the voice of those who have lived experiences with socially devalued identities (meaning devalued by those in power, seeing as reality is a projection of the desired reality of those in power), their voices are the ones being heard as they should be.

Why is it important to analyze the authenticity of these women’s narratives? The answer is multifaceted, the first facet being that we cannot accept one person’s truth as absolute. As previously stated, truth implies objectivity, yet it is entirely subjective—there is no one consciousness to which all of humanity abides in which right or wrong, moral or immoral, is black and white or straightforward.

CHAPTER 3: Modern Cinematic Portrayals of Historical Hysteria

I. Introduction

As stated previously, the first film analyses in the paper will be focused upon cinematic representations of historical hysteria. The films that will be compared and contrasted in this chapter include *Hysteria* (2011), *A Dangerous Method* (2011), *Augustine* (2012), and *The Yellow Wallpaper* (2011). Throughout viewing these films, there were a handful of themes that seemed to be included in each: abuse/trauma, repression, relationships, medicine, cinematography, and finally, asking whose narrative or truth is emphasized/believed. Due to their omnipresence, I used these key themes to guide analysis across films.

The order in which the films are discussed is intentional—*Hysteria* is first because in the grand scheme of things, its intended audience is the general public. It is the most palatable portrayal of hysteria and lacks the darker elements shown in the other films. *A Dangerous Method* (2011) follows as a film still geared toward the masses, but it does not portray the highly sanitized version of hysteria like in *Hysteria*. Then, *Augustine* is introduced as a French and incredibly eerie film whose intended audience is much more alternative. Finally, in a separate section, I discuss *The Yellow Wallpaper*. It is in a separate section due to one crucial difference—it is based on a woman's self representation of her own mental condition.

II. About the Films

Hysteria (2011) narrates the story of Dr. Mortimer Granville, a young doctor who finds employment with Dr. Dalrymple, one of the leading practitioners in the treatment of hysteria. Dr. Dalrymple, as aforementioned, informs Dr. Granville that hysteria is one of the biggest plagues of their time, affecting maybe even half of the women in London. Their course of treatment? Manual stimulation of the women's genitals. As time passes and the number of clients increases,

Dr. Granville develops what appears to be carpal tunnel leaving him unable to “treat” his patients. This leads him to eventually inventing the vibrator (with the help of a wealthy best friend). Director Tanya Wexler in an interview with Jewish Journal astutely observes that even the vibrator, a tool for “treating” hysterical women (read: women’s pleasure), was invented originally out of male “pain” and “suffering.”⁴⁸ The leading sex toy for women was not even made purely with the intention to cure female pain, suffering, or hysteria, but because a *male* doctor hurt his hand.

In a variety of interviews, Wexler consistently defines hysteria as a catch-all diagnosis for socially constructed phenomena that acts as a “catch-all diagnosis”: “anything that was the condition of being a woman was termed hysteria—[if] you were too happy, too sad, liked sex too much, didn’t like sex enough,” you were considered hysterical.⁴⁹ Similarly, in another interview, referring to the humorous tone of the film she states, “The joke was the cultural denial of what was really going on... people didn’t think women's sexuality existed.”⁵⁰

When interviewed and asked why she chose to direct the 2011 film, *Hysteria* (which starred Hugh Dancy and Maggie Gyllenhaal), Wexler responded “I just thought it was the funniest thing I’ve ever heard and I just had to make the film.”⁵¹

In response to the film’s use of humor and implied satire, some were extremely critical. On Rotten Tomatoes, a critic’s review reads: “Hysteria has an amusing subject but its winking, vaguely sarcastic tone doesn't do the movie any favors.”⁵² In opposition to this critique, humor is one of the ways this film achieves its goal to reveal this cultural phenomenon that now, in an age of advanced medicine, seems humorous. Wexler herself said that the reason she chose to *make*

⁴⁸ Interview with 'HYSTERIA' Director Tanya Wexler. Edited by The Wrap. 2012.

⁴⁹ Tanya Wexler Discusses 'Hysteria'. Edited by Jewish Journal. 2012.

⁵⁰ The Wrap, 2012.

⁵¹ Ibid.

⁵² Rotten Tomatoes.

this film was rooted in her thought that the whole concept was comical. With modern knowledge of sexuality, biology, and medicine, Western societies no longer believe the “odd” theories that we once had surrounding women’s bodies. The comedic sentiment works to emphasize the oddity of the reality of the time period.

A Dangerous Method is the film adaptation of John Kerr’s biography of Sigmund Freud titled A Most Dangerous Method. The film succeeds the 2003 theatrical adaptation titled *The Talking Cure*, written by Christopher Hampton (who also writes the script for *A Dangerous Method*).⁵³ Directed by David Cronenberg, the film stars Keira Knightley, Michael Fassbender, and Viggo Mortensen and grossed a little over \$5.7 million in the US total.

As a public statement showing the dismissal of women’s thoughts and ideas which is discussed later, the movie was not very well received. During the opening weekend in the US in 2012, the movie grossed \$35,656; it grossed \$1.8 million from May to December.⁵⁴ To contextualize this number, the number one movie of 2012 was *The Avengers* which grossed \$623.36 million; the fiftieth most popular movie of 2012 was *Total Recall* which grossed \$58.88 million.⁵⁵ For ratings, IMDb statistics indicate that the movie was most rated on their site by men ages thirty to forty-four, followed by women of the same age group. The average male rating was a 6.6 where the average female rating was 6.8.

American author John Kerr dedicated nearly a decade of his life researching the personal and professional dynamics between Sigmund Freud, Carl Jung, and Sabina Spielrein. The story is summarized on IMDb:

In 1907, Sigmund Freud and Carl Jung began what promised to be both a momentous collaboration and the deepest friendship of each man’s life. Six years later they were bitter antagonists, locked in a savage struggle that was as much

⁵³ Michael Billington. "The Talking Cure." Jan 14, [cited 2019].

⁵⁴ IMDb.

⁵⁵ Ibid.

personal and emotional as it was theoretical and professional. Between them stood a young woman named Sabina Spielrein, who had been both patient and lover to Jung and colleague and confidante to Freud before going on to become an innovative psychoanalyst herself.⁵⁶

Augustine, directed by Alice Winocour, is a sensationalized adaptation of a real woman's story. This woman is highlighted in Hustvedt's Medical Muses. Augustine is one of the three featured "hysterics" treated in Charcot's hospital, the *Salpêtrière*. Augustine's story is one that is most evocative and exemplary of the female condition of the time. Louise Augustine Gleizes was just fourteen when she began to receive treatment at *Salpêtrière* in October of 1875. Her personal background and narrative appear in Medical Muses in attempt to humanize Charcot's patients as real people, not just case reports (this was the goal of Hustvedt's entire book).

This French film was geared toward a much more alternative viewership, not for Hollywood box offices or an English-only speaking audience. Whereas *Hysteria* and *A Dangerous Method* had 28,675 and 91,846 ratings on IMDb respectively, *Augustine* was reviewed by only 1,242 IMDb users. Once again, the film is reviewed most by men ages thirty to forty-four and on average from this demographic, received a 5.9 out of ten (the overall average rating was a 6.0. As reported on IMDb, about four times as many people watched this film outside of the United States.

III. Portrayals of Historical Hysteria

Ignoring historical accuracy and solely looking at cinematic representation, each of the three movies analyzed thus far (*Augustine*, *Hysteria*, and *A Dangerous Method*) all portray hysteria in extremely dissimilar manners—a point of influence potentially being their intended audiences.

⁵⁶ A Most Dangerous Method." [cited 2019].

In *Hysteria*, the women being treated by Dr. Dalrymple are characterized as “nervous,” “sad,” “anxious,” and sexually repressed. Their hysteria is made clearly to be a result of Victorian society, as character Charlotte Dalrymple states in the film,

... hysteria seems to cover everything from insomnia to toothache... it’s nothing more than a catchall for dissatisfied women. Women forced to spend their lives on domestic chores and their prudish selfish husbands who are unwilling or unable to make love to them properly or often enough.

Their course of treatment? Manual stimulation of the women’s genitals.

To look at Wexler’s portrayal of hysterical women is an entirely different experience than watching *Augustine*, where the patients of Salpêtrière who came from working or lower class backgrounds are made out to appear more like a “crazy mental patient.” Not only this, but is almost as if the “hysterics” in *Hysteria* and *Augustine* did not have the same condition at all. This is a result of the fact that Dr. Dalrymple has a private practice where women can afford to pay for treatment and seemingly appear to know that they are there for not “treatment” but an orgasm.⁵⁷ This inference stems from the scene in which a patient named Ms. Parsons receives “treatment” and when Dr. Dalrymple asks if she would be returning the same time next week.

It is apparent that Wexler has, in a sense, disassociated hysteria from its medical roots and focused on the more socialized roots of hysteria. While socialized ideas do contribute significantly to the infrastructure of hysteria, Wexler’s disassociation from its medical beginnings contrasts the realities of middle and upper class women to lower class women.

⁵⁷ Wexler and her film use “women” as a universal term—by doing this, the varying experiences of women from all social and economic backgrounds are overgeneralized. Using the word “women” in the way that Wexler has historically referred to white, middle-class, and cisgender women—it creates an ideal of what a “woman” should be, should wear, should have, should say (and in what language), and should look like.

With *Augustine* and *A Dangerous Method*, the writers and directors are understanding hysteria as a medical condition and less of a social construction, whereas in *Hysteria* it appears to be more of a social construction.

While Winocour, based on these two analyses, seems to almost ignore gender in creating her film, there are a few subtle efforts to criticize gender roles in her characterization of the power dynamic between Augustine and Dr. Charcot and of another patient that allude to a feminist agenda. In one film review, Hans Morgenstern writes: “Winocour’s intention [was] to make a film with a feminist statement about a historical moment where feminism had yet to be defined as an ideology.”⁵⁸

In a film review published in *The New York Times*, A.O. Scott writes: “Ms. Winocour deftly evokes primal terrors of captivity and cruelty, and also the erotic fascination that lingers around such fears... Ms. Winocour is not inclined to turn ‘Augustine’ into a neatly moralized fable of a predator and his victim.”⁵⁹ It is important that Augustine is not portrayed as a victim, but as one who was victimized by Dr. Charcot, and particularly in this film adaptation in the case of statutory rape.

While there is no evidence or suggestion that a sexual relationship existed between Augustine and Dr. Charcot, director Alice Winocour chose to manufacture a gothic love affair between the two of them which builds through various scenes suggesting the unspoken lusting after one another. Presumably, this relationship was constructed in order to create box office appeal for the film’s viewers. While the portrayal of Augustine’s story by a female director is almost innately empowering, the noble feminist act is ruined by the sexualization of the heroine.

⁵⁸ Hans Morgenstern. "Film Review: 'Augustine' Reaches for Feminism in the 'Hysterical' Era." July 12, [cited 2019].

⁵⁹ A.O. Scott, "Doctor and Patient: A Gothic Love Story." May 17, [cited 2018].

In *A Dangerous Method*, historical accuracy comes into question within the portrayed relationship between Dr. Carl Jung and Sabina Spielrein. Spielrein's hysteria stems from her relationship with her father. When Dr. Jung asks her what triggers her attacks, she responds in a pained and shaky voice: "Humiliation. Any kind of humiliation." She continues to explain her relationship with her father with sharp pain in her voice: "I was four... he told me to go in the little room and take my clothes off. He came in and spanked me and then I was so frightened, I wet myself and then he hit me again..." Dr. Jung then asks her, revealing her sexual proclivities, "That first time, how did you feel about what was happening?" Sabina cries and shamefully answers:

I liked it. It excited me... Before long he only- he just had to- say to me go to the little room and I would start to get wet. When it came to my brothers or even just threatened- that was enough. I had to go lie down and touch myself. Later at school, anything would set it off. Any kind of humiliation. I looked for any humiliation. Even here when you hit my coat with your stick, I got so excited. There's no hope for me. I'm vile and filthy and corrupt. I must never be let out of here.

Keeping in mind her relationship with her father, it is quite "Freudian" that she has a sexual relationship with Jung who is, at the time, at least twice her age and is in a position of power.

In reference to the sex scenes in which Jung indulges Spielrein fantasies of being hit (as her father did to her), a review reads, "There is no evidence that the two indulged in spanking or whipping. The letters between Spielrein and Jung say no such thing, and nor does her very intense diary. Still, they're dead and can't complain, and perhaps the producers hoped a few more of you might go and see their psychoanalysis movie if they [threw] in some kinky stuff."⁶⁰ In thinking about whether or not the director or writer may have taken creative license, it depends on perspective. The most passionately disputed claim in the book/play/movie is the sexual

⁶⁰ Alex von Tunzelmann. "A Dangerous Method Whips Up a Fantasy with a Female Archetype." Feb 16.

relationship between Jung and Spielrein. This is addressed by Wind Goodfriend in her post on Psychology Today:

The big question is whether [Spielrein] really had a sexual relationship with her buddy Jung. Unfortunately, history is a bit debatable on this point. She did keep diaries, and according to those, they did the deed. However, there's not much other evidence. One possible addition is that Jung put a note in the records of the hospital where they met, where he said that she was 'voluptuous' and 'sensual.'⁶¹

Goodfriend continues to verify the reality of certain moments captured in *A Dangerous Method*.

Jung really did sit behind his patients during talk therapy as not to distract them or show them any reaction. He was a pioneer in talk therapy. Freud and Jung did once have a thirteen-hour-long meeting. Freud and Jung did have a serious disagreement in which "Freud believed the unconscious mind within each of us was the home for repression, trauma, sex, and aggression, Jung expanded the unconscious to include much more." Finally, Spielrein did contribute to the development of psychoanalysis by expanding upon sexual instincts, and repression.⁶²

V. Repression & Victorianism

Michael Mason elaborates on sexuality in the Victorian age in his book, The Making of Victorian Sexuality. The Victorian era dominated culture during Queen Victoria's reign up until the turn of the twentieth century and Mason continues to explain while "Victorian" is the term used to describe the era, the adjective "Victorian" is more often used now in its "figurative use."⁶³ This figurative use "indicates the... feeling about the period... to hear something badly referred to as 'Victorian' must convey the idea of moral restrictiveness, a restrictiveness which necessarily and even primarily applies to sex."⁶⁴ He goes so far as to say, "Victorian middle-

⁶¹ Goodfriend.

⁶² Ibid.

⁶³ Michael Mason. *The Making of Victorian Sexuality*. Oxford: Oxford University Press, 1994. 2.

⁶⁴ Mason, 2-3.

class wives, it is orthodox to believe, suffered an actual deprivation of sexual pleasure because of moralistic ignorance about women's sexual responses."⁶⁵ Victorianism has a deeply-rooted relationship with repression, both of which are addressed extensively and often when discussing hysteria.

In *Hysteria*, characters Charlotte and Emily Dalrymple coexist in order to fully juxtapose the "hysterical woman" and the "proper Victorian woman." They are the definition of sisters who could not be less alike. After the death of their mother, Emily watches after the home and her father and her hobbies include reading, following orders, piano, and phrenology. Charlotte does not live in the house, but rather works in a shelter for the less fortunate, is an active suffragette, refuses to marry unless they are equal partners, and talks about childbirth at the dinner table. Charlotte's behavior is surely not what is expected of her and it is surely not according to the socialized rules of Victorian morality.

Repression of female pleasure is one again showcased in *Hysteria* when Dr. Dalrymple denies Ms. Parsons treatment. After a "treatment," with a mischievous look in her eye, she asks to be seen the very next day to which Dr. Dalrymple coyly responds "All good things in moderation." In this moment, the viewer feels as if they are in on the joke with Ms. Parsons even though the viewer knows that Dr. Dalrymple does not associate treatment with pleasure.⁶⁶

In the case of *A Dangerous Method*, talk therapy illuminates the immense shame Spielrein has surrounding her sexuality. Whether one analyzes her behavior (with her father) as a sexual kink or as incestuous behavior, it is obvious that as she aged and her sexuality and sexual

⁶⁵ Mason, 38-39.

⁶⁶ He tells Dr. Granville: "By fierce external stimulation we're able to elicit the pain pleasure reaction, thereby inducing the hysterical paroxysm and coaxing the uterus back to its normal position... The female organ is as you know incapable of experiencing any pleasurable sensation whatsoever without actual penetration of the male organ."

hunger increased, she lost control of her faculties. Also, at a different point in her therapy with Dr. Jung, she shows a connection between guilt, fear, and masturbation.

One very powerful aspect of Augustine's story was ignored in Winocour's film adaptation and that is the fact that Augustine escaped from *Salpêtrière* disguised as a man.⁶⁷ According to Hustvedt, the last dated record in Augustine's file read: "On September 9, Augustine escaped from the *Salpêtrière*, disguised as a man." It is extremely significant that when she felt most liberated and was literally most liberated was when she was performing a masculine identity: "... as a man, she enjoyed what she had never experienced before—freedom."⁶⁸ Augustine lived in the Victorian era when female sexuality was repressed and the freedom of her escape juxtaposed everything she knew and had experienced, especially during her institutionalization; to omit this fact from the film is to omit Augustine's liberation.

VI. Validation

This thesis proposes the question of whether or not these films validate or invalidates the experiences of women who were identified as hysterics or as women with hysterical symptoms.

Hysteria, due to its humorous and lighthearted tone, could definitely be seen as critical or invalidating of the experience of wealthy women's hysteria in Victorian England. Since the film does not also illustrate the treatment of poor or working class hysterics, it does not criminalize Dr. Dalrymple's patients, but rather jab at the *validity* of their condition.

⁶⁷ There are a handful of discrepancies between what has been historically documented and the plot of this film, however, none defy recorded history as dramatically as the discordance on the existence of the sexual relationship between Charcot and Augustine. Additional differences include the fact that in the movie, Augustine arrives at the *Salpêtrière* at nineteen years old, when in reality, she was just fourteen years old when she was put under Charcot's care. Perhaps Winocour chose to change the age of Augustine in order to minimize the pedophilic connotations of her fabricated relationship between the young girl and the aged physician. The other alteration made by Winocour regarded Augustine's siblings: in the movie, Augustine tells a doctor that she had nine siblings and then 3 died; however, in reality, Augustine had one younger brother and five siblings born after him that did not survive infancy.

⁶⁸ Hustvedt, 208.

In contrast, the mere existence of *A Dangerous Method* validates the experience of Sabina Spielrein's hysteria and of her being. In the mainstream history of psychoanalysis and psychotherapy, Freud and Jung are commonplace, whereas Spielrein's name goes unrecognized. She was a Russian Jewish woman, was treated by Carl Jung for hysteria, was one of the first female psychoanalysts, and maintained a strong working relationship with Freud later in life.⁶⁹ However, according to one critique, the film "doesn't get close to the reality that both [Jung] and Freud belittled her as a colleague throughout her career, while simultaneously incorporating ideas of hers such as the "death-instinct" into their own work."⁷⁰ Thanks to the existence of *A Dangerous Method*, Spielrein is finally getting some of the credit she deserved. In a commentary on the film, Dr. Jay Einhorn writes, "[Spielrein's] role can now be studied, acknowledged, and incorporated into our understanding of where we have been, where we are, and where we might be going."⁷¹

Relevant to today's society, the belief (or lack thereof) in one's symptoms often validates (or invalidates) one's experience with mental illness. One of the most read comments on *A Dangerous Method*'s IMDb page says: "I did have some issues with Keira Knightley's acting, however. I feel like she may have over exaggerated her actions, particularly in the beginning scenes where she is in the midst of hysteria."⁷² Where the author of this review feels that Knightley exaggerated her hysterical behaviors on camera, they are somewhat undramatic, superficial, and feel contrived in comparison to the symptoms shown in *Augustine*.

⁶⁹ Wind Goodfriend. "Freud & Jung in 'A Dangerous Method'." Oct 1.

⁷⁰ von Tunzelmann.

⁷¹ Jay Einhorn. "Commentary on the Film, 'A Dangerous Method'." March 12.

⁷² Ibid.

The lack of belief in Spielrein's symptoms contrasts recognition of *Augustine's* conditions, which are more visually obvious.⁷³ Perhaps a viewer might take the symptoms more seriously in *Augustine* because they are visible, whereas those from *Hysteria* are exclusively mental and invisible? What we cannot see, we often cannot believe—this corresponds deeply, once again, with the concept of “seeing is believing” that was mentioned previously. The viewer's dismissal of non-visible symptoms is validated through the character's dismissal of “hysterical” and “non-hysterical” women's thoughts and ideas—for example, Dr. Dalrymple dismisses Charlotte's behavior as hysterical, do the courts do not listen to Charlotte's appeals, and suffragists are condemned for their advocacy.

VII. The Yellow Wallpaper

The Yellow Wallpaper (2011) is analyzed apart from the other three representations of historical hysteria due to one very crucial reality—it is based entirely upon a short story written by a “hysterical” woman, Charlotte Perkins Gilman.⁷⁴ She was born on July 3, 1860 and evolved into a notable American feminist, and writer; she was a theorist on the forefront of the American women's movement.⁷⁵ At the age of twenty-four, she married an artist named Charles and “proved to be totally unsuited to the domestic routine of marriage, and after a year or so she was

⁷³ The film *Augustine* opens to a shot of crabs boiling in water as Augustine fixates upon them in her maid's uniform. She is serving a dinner party for Mr. C, the man whom she is forced to work for. The viewer is made to notice Mr. C staring at Augustine, which induces a physical reaction in Augustine, hysterical symptoms that manifest themselves first in the shaking and paralysis of her hands. After showing Augustine's struggle to serve guests with shaky hands, she has a hysterical fit: convulsing on the floor of the dining room, shouting, gasping for air as if she were being choked. The fit ends with the seemingly permanent closing of her right eye, as if it were glued shut.

⁷⁴ There are a variety of films depicting “The Yellow Wallpaper” including a 1977 short film directed by Marie Ashton, a variation directed by John McCarty titled *Confinement* from 2009, *The Yellow Wallpaper* directed by Logan Thomas in 2012 (DVD released in 2015), a short film by Amandla Stenberg in 2014, a feature film by Kourosh Ahari in 2016, a 2013 adaptation called “The Yellow Book” directed by Ariel L. Koska, and finally an experimental short film from 2015 by artist Dogra-Brazell titled *The Rules of the Game*. There have also been a number of television episodes and many plays inspired by the story.

⁷⁵ *Encyclopedia Britannica*.

suffering from melancholia, which eventuated in complete nervous collapse.”⁷⁶ Melancholia was another diagnosis for women at the time, meaning sadness. For some hysterics, melancholia was a symptom of their hysteria. In 1894, she divorced her husband and sent her young daughter to live with her former partner and his new wife. She narrates her adult life almost in its entirety into her short story. She ended her own life in 1935 at the age of 75.⁷⁷

“The Yellow Wallpaper” is a fictionalized account of a woman descending into madness—but it is truly autobiographical. Originally published in *The New England Magazine* in 1892, it “was exceptional for its starkly realistic first-person portrayal of the mental breakdown of a physically pampered but emotionally starved young wife.”⁷⁸ In a lot of ways, “The Yellow Wallpaper” is also a reflection of the female condition of the time. She is forced to sleep in the room she does not want (by her physician and husband); this room also happens to be a nursery. The symbolic irony lies in the fact that the woman in the story is forced to sleep in a nursery that she hates meanwhile suffering from what could be Postpartum Depression.

While it is validating that a story written by a woman from the nineteenth century continues with such notoriety, the cinematic representation from 2011 (directed by Stuart Hacksaw) shifts the narrative from entirely in the narrator’s perspective to include dialogue between the narrator and her husband. While cinematically, it may have been awkward to have two characters and one of them does not speak a word, it belittles the importance of the idea of self-representation. It renders Gilman’s own words (or rather the words of the narrator) as insufficient for cinematic representation. While Gilman tells her story through its publication, the narrator of Gilman’s tale does not, as reflected in the passage:

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

You see [John] does not believe that I am sick! And what can one do? If a physician in high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do? My brother is also a physician, and also of high standing, and he says the same thing... Personally, I disagree with their ideas.⁷⁹

The narrator's condition is not only defined by the men in her life (her husband and brother), but her story is also controlled by them. It seems that their reputations are on the line, so they must control their wife and sister lest she embarrass the family.

Without first reading or having a basic knowledge of Gilman's short story, the consumer of Hacksaw's video interpretation of "The Yellow Wallpaper" may not trust Gilman's narrator due to her obvious delirium. After introducing her condition, the narrator thinks to herself, "John says the very worst thing I can do is think about my condition, and I confess it always makes me feel bad. So I will let it alone and talk about the house," as if to imply "who is she to discuss her mental condition?"⁸⁰ Moreover, this quote suggests that the narrator should stick to the things she knows about, like houses, because she is a woman who belongs in the kitchen.

A symbol whose transition from literary to visual that it particularly fascinating is that of the woman in the wallpaper. The narrator personifies the pattern in the yellow wallpaper most often at night in the moonlight. The narrator says: "At night in any kind of light... worst of all by moonlight, it becomes bars... the woman behind it as plain as can be."⁸¹ The most notable feature in the visual depiction of the woman in the wallpaper behind bars is that she appears to have a swollen stomach, as if she was pregnant. This ties into the theory of symbolism behind the fact that she is locked in a nursery—as she is locked into motherhood. Gilman writes from the narrator's perspective: "It is fortunate that Mary is so good with the baby. Such a dear baby!

⁷⁹ Gilman, Charlotte Perkins. *The Yellow Wallpaper*. The New England Magazine: 1892.

⁸⁰ Ibid.

⁸¹ Gilman.

And yet I *cannot* be with him, it makes me so nervous.” Later in the story, the narrator once again references her child in an aloof and distant manner: “There’s one comfort, the baby is well and happy, and does not have to occupy this nursery with the horrid wallpaper. If we had not used it, that blessed child would have!” She refers to the baby as if he was distant (emotionally and/or physically)—which the reader can assume is somewhat true based on the presence of their nanny, Mary.⁸² In reality, Gilman faced intense criticism for sending her child to live with her ex-husband and his wife. Gilman “questioned why childrearing was done only by women. She felt that [her husband] had as much right to raise their child as she did... Gilman railed against the condition of women who were relegated to a life of confining costume and care for child and home.”⁸³ In general, the bars keeping in the pregnant ghost represent repression and oppression by the hands of the prison of domesticity.

While the narrator is wrestling the paper from the wall, there seems to be an allegory to the fight for women’s rights. In the United States in 1890, Susan B. Anthony became the president of the National American Woman Suffrage Association and in 1891, Ida B. Wells initiated a national campaign against lynching.⁸⁴ Gilman writes “I don’t want anybody to get that woman out at night but myself,” which could be an allusion to self-empowerment within the context of womanhood. Not been allowed to write, per her husband’s instructions, the narrator’s imagination used the wallpaper as her notebook and wrote within the pattern about her internal fight for independence from gender-based oppression. To shred the wallpaper was to shred gender roles forced onto her and saying “I’ve got out at last... you can’t put me back!” was her declaration of independence.

⁸² It is possible that “Mary” caring for her son could be an attempt at biblical imagery.

⁸³ “From Woman to Human: The Life and Work of Charlotte Perkins Gilman.” [cited 2019].

⁸⁴ “Woman’s Suffrage History Timeline.”

This film had the smallest viewership according to IMDb ratings in comparison to *Hysteria* (2011), *A Dangerous Method* (2011), and *Augustine* (2012). There are only thirty-three reviews for the short movie on the site and just as the other three, it was most reviewed by men ages thirty to forty-four and received an overall average score of 6.8. The one written review on the site reads, “It tries to go for a more horror route, with ghosts and spirits and jump scares, canceling out the main point the book was trying to create.”⁸⁵

Contrary to this review, the film incorporates horror to emphasize the horror and terror of the narrator’s condition—at one point in the short story, the narrator says “The fact is I am getting a little afraid of John.”⁸⁶ She fears her husband and she fears her condition—similarly, the pregnant woman behind bars represents a projection of Gilman’s, the narrator’s, and even further, many women of the time’s fear of being subjugated to the life of being a mother and homemaker.

⁸⁵ While there is extensive feminist analysis of Gilman’s written “The Yellow Wallpaper,” no reviews for this specific film adaptation were to be found.

⁸⁶ Gilman.

CHAPTER 4: Hysteria in Modernity

My roommate walked into the living room while I was working on this chapter. She asked me if while I was in middle school sex education class, the boys ever told us to Google “blue waffle.” I had never heard of this and she told me to search it (something I HIGHLY recommend against). “Blue waffle” was, according to a variety of blogs and websites, a fictional sexually transmitted infection that turned vaginas blue and disfigured them. This urban myth of a STI was said to happen to girls who “got around” or had bad hygiene. It also supposedly could only be transmitted from women to men. I assume it scared all of the impressionable preteens who encountered it... probably delaying their initiations into the world of sexual activity.

I. Defining “Modern Hysteria”

As this thesis has now investigated hysteria in its historical contexts, it will now delve into modern manifestations of hysteria within modern contexts. According to the current *Merriam-Webster Dictionary*, the definition for “hysterical” is threefold. The first definition is “of, relating to, or marked by hysteria,” the second reads “feeling or showing extreme and unrestrained emotion,” and the third is “very funny.” *Merriam-Webster* defines “hysteria” as “a psychoneurosis marked by emotional excitability and disturbances of the psychogenic, sensory, vasomotor, and visceral” or “behavior exhibiting overwhelming or unmanageable fear or emotional excess.” *The Cambridge Dictionary* defines hysterical as “unable to control your emotions or behavior because you are very frightened, excited, etc.” and defines “hysteria” as “extreme fear, excitement, anger, etc. that cannot be controlled.” These are the modern definitions presented to the public and they show the evolution of the meaning of the words “hysterical” and “hysteria.” Not only have the linguistic definitions of “hysteria” and “hysterical” evolved, but hysteria’s medical definitions have evolved as well. As mentioned in the introduction to this thesis, while the word “hysteria” was removed from the DSM, the diagnostic criteria and definition of “hysteria” remained under a different name: “Dissociative Disorders.” This rebranding of hysteria is discussed by Polish psychologists and psychiatrists

Alena Stefańska, Ewelina Dziwota, Marcin Stefański, Alicja Nasiłowska-Barud, and Marcin Olajossy in their article “Modern faces of hysteria, or some of the dissociative disorders.” They define “dissociation” as “a loss of identity integrity, as well as memories, control of body movements, consciousness, and perceptions” and “dissociative disorders” as when one’s “conscious control over these functions is lost or compromised.”⁸⁷ Moreover, they cite “overly strong emotions felt as a result of traumatic experiences lead to the detachment of these experiences and their transfer to the subconscious.”⁸⁸

Fortifying this thesis’ assertion that all hysteria is a direct result of repression and/or trauma, the authors outline what they have identified as the risk factors for dissociative disorders:

The literature most frequently mentions traumatic experiences from early childhood, a dramatic loss of loved ones, violence, sexual abuse, catastrophes, war, natural disasters, traumatic experiences associated with pregnancy and the perinatal period, and protracted interpersonal and intrapsychic problems.⁸⁹

Out of the eleven risk factors listed above, many of them are classically associated with women and directly correlate with the historical risk factors for hysteria. In the films portraying historical hysteria, all of these risk factors can be found as causes for at least one woman’s condition: Augustine faces traumatic sexual abuse in *Augustine*, Sabina Spielrein cites childhood trauma in *A Dangerous Method*, and *The Yellow Wallpaper* refers to trauma associated with pregnancy and PPD.⁹⁰ To support these conclusions, the article cites an external study (Somer et al.) wherein using a sample of eight Israeli and Arab women who were victims of violence, the relationship between “exposure to violence and dissociative symptoms” was studied.⁹¹ This study confirmed the hypothesis of violence as a risk factor for dissociative symptoms, as 91% of

⁸⁷ Alena Stefańska et al. “Modern Faces of Hysteria, or some of the Dissociative Disorders” *Current Problems of Psychiatry* 17, no. 3 (2016): 214-225.

⁸⁸ Ibid, 215.

⁸⁹ Ibid, 215.

⁹⁰ These three films are the ones that specifically cite trauma as a risk factor for the women’s conditions—*Hysteria* is not included here because it emphasizes the role of oppression as the primary risk factor for hysteria.

⁹¹ Stefańska et al., 216.

the Arab and Israeli violence victims due to the fact showed the symptoms of dissociative disorders.⁹²

It is at this point in the article that the overall tone shifts, abandoning its supportive nature, becoming critical and thereby condoning the stigma that blames patients for their conditions (a stigma that often plagues those with mental illness). Juxtaposing their perceived support for and validation of women with dissociative disorders (based on the beginning of the article), the article depicts patients with dissociative disorders in a way that unfairly illegitimizes their condition:

The patient "escapes into disease" which means they are taking up the role of a patient to gain certain benefits. Initially, they transform unacceptable content with high emotional load into somatic symptoms. Sometimes, symptoms of a somatic nature may have some symbolic meaning. Secondly, the patient gains attention from others and is exempt from their social roles or functions, as these have proven too difficult for them to perform.⁹³

By saying that the patients (both patients with hysteria in the past or those with dissociative disorders in modern day) "escape into disease" implies that they, first and foremost, have chosen the disease, and further, have no desire to improve their condition. The syntax in the second sentence ("they transform unacceptable content... into somatic symptoms") even continues to insinuate that the patient has control over their symptoms. Lastly, this assertion implies that the patient is conscious of their condition and uses it for their personal gain.

By flipping the meaning of the quote's final sentence of this quote on its head ("...the patient gains attention from others and is exempt from their social roles or functions, as these have proven too difficult for them to perform"), this thesis suggests that, yes, historical hysteria "allowed" hysterical women to transgress the predetermined, traditional gender boundaries, however, the women/patients did not *use* hysteria, but rather the opposite: hysteria was used as a

⁹² Ibid, 216.

⁹³ Ibid, 215.

way to classify their so-called transgressions by physicians, men, and the critical public.

Similar to hysteria's transition from using the term "hysteria" into using the words "dissociative disorder," there was yet another transition from using the term "dissociative disorder" to using the label "conversion disorders" to describe hysteria. This transition from using "dissociative disorder" to using "conversion disorders" in diagnostic practice is outlined by Colm Owens and Simon Dein in their article "Conversion disorder: the modern hysteria." With the publishing of the DSM-III in 1980, the category "hysterical neuroses" was eliminated and replaced with "dissociation" and "conversion" disorders. These two classifications were again separated and conversion disorder was categorized as a "somatoform disorder."⁹⁴ Finally in 1994 (according to the DSM-IV), conversion disorders are described as the condition of having: "one or more symptoms affecting voluntary motor or sensory function, resemblance to neurological or medical disease, involvement of psychological factors, [and] unintentional, unfeigned symptoms."⁹⁵ These symptoms are identical to the symptoms of historical hysterical women, corroborating the idea that even after many changes in terminology, modern conversion disorders represent historical hysterical symptoms.

In the introduction to this thesis, the following question is posed: why are conversion disorders more commonly recognized/diagnosed in women? A study in 1983 estimated that out of all the patients admitted to general medical services, regardless of their gender, twenty-five percent had shown conversion disorder symptoms at some point.⁹⁶ That being said, other studies cited by Owens and Dein (from 1962, 1976, and 1981) suggested that symptoms are "most common in young women," "rare" in children under the age of eight, and "more common in rural

⁹⁴ Colm Owens and Simon Dein. "Conversion Disorder: The Modern Hysteria." *Advances in Psychiatric Treatment* 12, (2006): 153.

⁹⁵ Ibid, 152.

⁹⁶ Ibid, 153.

areas among uneducated people and in the lower socio-economic classes.”⁹⁷ Owens and Dien also report that frequency in appearance of symptoms is *felt* to be higher in minority ethnic groups, but there is no data to support this. Following the identification of the imbalance in diagnostic practice based on gender, Owens and Dien sought answers and consulted with the work done by Freud and Breuer (referenced earlier in this thesis). They conclude, “Psychoanalytic explanations of conversion disorder emphasize unconscious drives, including sexuality, aggression or dependency, and the internalized prohibition against their expression (Hollander, 1980).” They continue to cite the case of Anna O. as “a classic paradigm of this theory.” Anna O. was treated by Freud and her “Physical symptoms allow for the expression of the forbidden wish or urge but also disguise it.”⁹⁸ The case of Anna O. perfectly emulates the idea of repression as a cause of hysteria; her physical symptoms allowed her express the urges (often sexual) that she had been forced to hold inside under the guise of illness.

In summary, these theories all suggest that in the past and in modernity, patients—women, rather—are so bound by socialized idealizations of who they should be or what they should do that when they try and break from these expectations to express themselves genuinely (whether consciously or subconsciously), they are accused of psychosis or neurosis, in the name of hysteria or otherwise.

II. Modern Cinematic Representations of Hysteria

The films discussed in this chapter represent what I recognized as depictions of modern manifestations of hysteria in the nineteenth and twentieth centuries. The films that will be discussed in this chapter, all made in the last twenty years, include *Black Swan* (2010), *The*

⁹⁷ Ibid, 154.

⁹⁸ Ibid, 154.

Falling (2014), and *The Virgin Suicides* (1999). *Black Swan* is the perfect movie to serve as a demonstrative archetype of modern hysteria in modern cinema. While other films that directly address women's mental health were considered for this chapter, their connection to hysteria was not glaring, where *Black Swan* seemed to epitomize what could and would be recognized modern hysteria based primarily on its emphasis of sexuality as a contributing factor to the characters insanity.⁹⁹ Following the analysis of *Black Swan* and an introduction to the concept of "mass hysteria" will be the analyses of *The Falling* (2014) and *The Virgin Suicides* (1999)—both of which address both hysteria in adolescent girls and forms of mass hysteria. Just as with *Black Swan*, *The Falling* and *The Virgin Suicides* demonstrate their connection to historical hysteria through the motifs of sexuality and sexual maturation.

⁹⁹ The other movies that were originally going to be included in this chapter were *Helen* (2009) and *Melancholia* (2011), *Prozac Nation* (2001), and *Girl Interrupted* (1999), however, they emphasized mental health and didn't have identifiable or recognizable elements of hysteria.

III. Black Swan

Black Swan, a major box office hit, connects directly with the concept of modern hysteria as it portrays a woman's descent into madness as a result of guilt, repression, relationships, a desire for perfection, mental illness, and most importantly, sexuality. Even outside of feminist scholarship and this thesis', reviewers, interviewers, and even the film's director use the adjective "hysterical" frequently when describing the film as a whole and specific elements thereof.

Directed by Darren Aronofsky, the film is called "his hysterical, overwrought... gothic ballet melodrama, by film critic John Patterson."¹⁰⁰ One online critique by one Barnaby Walter titled "*Hysterical*, melodramatic and staggeringly beautiful: *Black Swan*" states "...the film is clearly very competently made, its emotive, passionate and often *hysterical* tone may lead to some hating it, while others fawn over its complexity and bravery."¹⁰¹ In a piece by NPR, the author writes "Aronofsky turns that message into a *hysterical* opera of mutilation and hallucination."¹⁰² In an interview referencing the movie's score, Aronofsky explains, "Classical scores go up and down, they're kind of *hysterical* in a way."¹⁰³ It is no coincidence that the word "hysterical" appears so frequently in reference to *Black Swan*—the checks all of the boxes associating it with hysteria. After all, it portrays a woman, her sexuality and awakening thereof, tumultuous parental relationships, mental illness, repression, and seduction; all of which are common motifs in the films depicting historical hysteria.

¹⁰⁰ John Patterson. "Black Swan is Enjoyable enough, but what its Director Needs is a Good Action Movie." January 14, Available from <https://www.theguardian.com/film/2011/jan/15/black-swan-darren-aronofsky>.

¹⁰¹ Barnaby Walter. "Hysterical, Melodramatic and Staggeringly Beautiful: *Black Swan*." March 8, Available from <https://www.theedgesusu.co.uk/film/2011/03/08/hysterical-melodramatic-and-staggeringly-beautiful-black-swan/>.

¹⁰² Jeannette Catsoulis. "A Ballerina Falls, and 'Black Swan' is Born." December 2, Available from <https://www.npr.org/2010/12/03/131676194/a-ballerina-falls-and-black-swan-is-born>.

¹⁰³ Katey Rich. "Interview: Darren Aronofsky on Music, Scares and Gender in *Black Swan*." Available from <https://www.cinemablend.com/new/Interview-Darren-Aronofsky-Music-Scares-Gender-Black-Swan-21985.html>.

Alone, this film is a strong example of gendered and repressive social expectations and the women who abide by them, as the world of ballet is infamous for its institutionalized ageism, sizeism, and racism.¹⁰⁴ In the film, the other ballerinas refer to Beth as menopausal and old. In the non-ballet world, she is still a younger woman and is obviously nowhere near menopausal.¹⁰⁵ The bodies of the ballerinas shown are homogenous—actresses Natalie Portman and Mila Kunis, both already petite women, had to lose weight for the roles.¹⁰⁶ Kunis declared “I had to look like a ballerina and hold myself like a ballerina. By the end, I was 95 pounds. So 20 pounds was lost.”¹⁰⁷ Portman also claims to have lost 20 pounds for the role.¹⁰⁸

Portman, who plays the role of Nina who is presented to the viewer as a dancer first and foremost—the opening scene is her dreaming of her dancing as the Swan Queen, all dressed in virginal white. She awakens, dressed in pink silk pajamas, reminiscent of a ballet costume—the use of pink sets the tone of her femininity and, to some degree, her infantilization (even her name, Nina, means young girl in Spanish).¹⁰⁹ She is characterized as meek; she speaks softly, avoids eye contact, wears pastel and pink tones, and lives with her overinvolved mother on the Upper West Side who calls her “my sweet girl.” Portman masterfully portrays Nina with “shattered poise, shaky vulnerability, masterful artistry, and desperate desire for both success and

¹⁰⁴ Watching the film, the viewer notices solely, young, Caucasian, pale, cisgender, women in the casting of the ballerinas.

¹⁰⁵ When making the film the actress was in her late thirties and appears as expected of her age.

¹⁰⁶ Feminist scholar Cecilia Hartley wrote “Letting Ourselves Go: Making Room for the Fat Body in Feminist Scholarship” in which she addresses the idea of body ideals that come with femininity: “This model of femininity suggests that real women are thin, nearly invisible. The women idealized as perfect are these days little more than waifs. The average fashion model today weighs 23 percent less than the average woman; a generation ago the gap was only 8 percent.” This feminist analysis aims to encourage women not to shrink themselves physically nor metaphorically. Hartley wants women to demand the space they deserve in this world.

¹⁰⁷ Ella Alexander. “Black Swan.” January 21, Available from <https://www.vogue.co.uk/article/mila-kunis-black-swan-interview>.

¹⁰⁸ Luchina Fisher. “Natalie Portman and Gwyneth Paltrow Take Bodies to Extreme.” December 3, Available from <https://abcnews.go.com/Entertainment/natalie-portman-loses-20-pounds-gwyneth-paltrow-gains/story?id=12303982>.

¹⁰⁹ Just as Nina is treated like a child in *Black Swan*, the narrator in Gilman’s “The Yellow Wallpaper” faces similar treatment. Her husband controls her thoughts, actions, sleep schedule, feeding schedule... as if she were, too, a baby. The narrator perceives this and call this out when she is describing the nursery with the yellow wallpaper: “... the widows are barred for little children, and there are rings and things in the walls.”

real connection.”¹¹⁰ Nina’s dream is to be cast in *Swan Lake*—but this production has a twist. Cast as the Swan Queen, she must play the innocent and naïve white swan *and* the seductive black swan; thus, while losing herself to her role as the black swan, “she will have to shed her ‘sweet girl’ persona and embrace her darker side to fully embrace the role and to please her demanding and sexually aggressive director.”¹¹¹ Her transformation for the role ultimately ends in her psychosis and death.

One of the most fascinating analyses of *Black Swan* is “Debating *Black Swan*: Gender and Horror,”¹¹² which functions as a disagreement between British scholar and author, Mark Fisher and Amber Jacobs, a lecturer in psychosocial studies at the University of London. Fisher and Jacobs are not alone in their polarized arguments regarding the nature and intentions of the film—*Black Swan* triggered disagreement on whether it was inherently misogynistic or a feminist statement and on whether it was reinforcing gender roles or critiquing them. Often Fisher and Jacobs argue opposing points of view as they each question and critique the film.

Fisher begins by saying, “*Black Swan* presents, claustrophobically and without any comforting “objective” distance, the madness of the lead character Nina Sayer (Natalie Portman).” Fisher continues to discuss Nina’s relationship with her mother, sexual repression, and patriarchy. Often with Freudian undertones, Nina’s mother is portrayed as incredibly narcissistic and overbearing. The mother holds her sacrifice of her own life and career over Nina’s head and somehow remains obsessed with Nina while being completely self-involved—it is as if she sees Nina as an extension of herself and what could have been.

¹¹⁰ TheFeministSpectator. “The Black Swan.” December 22, Available from <http://feministspectator.princeton.edu/2010/12/22/the-black-swan/>.

¹¹¹ Susan Donaldson James. “Black Swan: Psychiatrists Diagnose Ballerina’s Descent.” December 20, Available from <https://abcnews.go.com/Health/Movies/black-swan-psychiatrists-diagnose-natalie-portmans-portrayal-psychosis/story?id=12436873>.

¹¹² Mark Fisher and Amber Jacobs. “Debating Black Swan: Gender and Horror.” *Film Quarterly* 65, no. 1 (2011): 58-62. doi:10.1525/fq.2011.65.1.58.

Additionally, there are many “cringe-worthy” moments in which the viewer finds themselves debating whether the mother is sexually interested in Nina or just unhealthily obsessed as a mother—for example, she often helps Nina undress, takes off her earrings, tucks her into bed, turns on the music box for her while she is going to bed, watches Nina sleep, and cuts Nina’s nails (she does these things even when Nina protests and says “I can do it on my own”). When she breaks a toenail, her mother bandages it while she sits in her bed, tucks her in, and calls her “her sweet girl.”¹¹³

In a later moment in the film, Nina arrives home, her mother helps her undress (as usual), and the mother examines the scratch marks on her back while she stands in front of the mirror wearing nothing but her pastel cotton bikini briefs. She scolds her for scratching, “You’ve been scratching yourself again. I thought you’d outgrown this disgusting habit”; then she cuts Nina’s nails (she cuts one nail too far and kisses it as an apology). This act reinforces the concept of the mother’s domination over Nina. Before this, Nina’s mother had asked her: “Has [Thomas] tried anything with you? He has a reputation. I have a right to be concerned Nina... I just don’t want you to make the same mistakes I did... as far as my career was concerned.” Nina challenges her by retorting “What career?” Her mother responds to this challenge with “How’s your skin?” which was an touchy subject. Nina assures her it is fine and her mother, not believing her, demands that she takes her shirt off. This statement is an obvious overstep of boundaries in the mother-daughter relationship and seems to come from a place of jealousy. This feeling again arises when Nina is going to bed and tries to barricade her door shut in hopes of masturbating, but she has to stop and jump into her bed as her mom yells in to her “Nina, are you ready for me?”

In her response to the film, Jacobs discusses one of the more notable scenes between the

¹¹³ This nickname is a parallel to that which Thomas gives to Beth and later to Nina, which is “my little princess.”

mother and Nina, in which Nina comes home after being cast as the lead and her mother brings home a vanilla and raspberry cake and says “Our favorite.”¹¹⁴ Nina, who is obviously bulimic, declines the cake and her mother angrily and aggressively brings it over to the trash. Nina apologizes and agrees to eat the cake to appease her narcissist mother. Adding another layer of sexual transgressive behavior on behalf of the mother, she asserts herself over Nina again, leading to Nina sucking frosting off of her finger—much like a baby bird feeds from its mother, but obviously sexual connotations. Fisher offers a scathing critique of the scene:

The cake scene is creepy because behind the surgically enhanced mask of the monstrous mother I could only see the face of Aronofsky—one of so many male directors who perpetuate demeaning mythologies of femininity—feeding me this sickly confection. Not only does *Black Swan* simply reinforce what we already know about female subjectivity under patriarchy, but also the film is as aesthetically ludicrous as the cake (which is why it’s often funny) and is entirely complicit in the production of its own symptomatology.¹¹⁵

What Fisher proposes is that in this scene, the mother’s and the ballet director’s intentions collide in order to manipulate Nina for their own satisfaction. It is almost as if Nina’s mother sees her as an extension of herself... the sexual obsession with Nina would thus reflect back on her narcissism as autoeroticism.¹¹⁶

Referring to Nina’s relationships with other women apart from her mother, Fisher states, “If [Thomas] Leroy embodies patriarchy, then Nina’s relationship with other women shows the damage that patriarchy has done.”¹¹⁷ This reflection on the competitive nature between women (which is fabricated by men, specifically by the ballet director in *Black Swan*) is true in all of Nina’s relationships, including with her mother. Thomas pits all of the female dancers against

¹¹⁴ By speaking in collective terms, this reiterates how the mother conflates her feelings with those of her daughter.

¹¹⁵ Fisher, Jacobs, 62.

¹¹⁶ Autoeroticism is discussed in Freud’s “Three Essays on the Theory of Sexuality,” written in 1949. Freud gives the example of a baby experiences autoeroticism with the comfort that accompanies sucking one’s thumb—it is a pleasure stemming from one’s self. When an individual enters puberty, sexual focus shifts from being on one’s self to another object or being.

¹¹⁷ Fisher, Jacobs, 59.

each other, especially Lily (who Thomas chooses as Nina's alternate). Fisher analyzes this competitiveness from the mother's perspective toward Nina:

The mother blames her own underachievement as a ballet dancer on having Nina, and her attitude toward her daughter is shot through with deadly ambivalence: on the one hand, she can live through her daughter, who can achieve what she herself could not; on the other hand, Nina is a rival who cannot be allowed to do better than she did.¹¹⁸

As proposed by Fisher, the pitting of women against each other is a direct product of patriarchy. When women band together, there is strength in numbers; however, when patriarchy isolates women from one another, it divides and conquers.

The next item debated by Jacobs and Fisher is the erotic nature of the film. Jacobs initiates debate by asserting: "Certainly *Black Swan* reproduces the terms of the Western male imaginary... woman as passive sexualized object."¹¹⁹ She continues to say that women serve as "a mere muse lacking a subject position or desire and entirely constructed via male fantasy."¹²⁰ She believes that Nina is a product of this "psychosexual" framework.¹²¹ Nina is trapped inside of constructions of femininity created by the patriarchal imagination. Just as Nina is placed in the male fantasy that serves the male gaze by Thomas Leroy in the film, Portman is also placed in the male fantasy that serves the male gaze by Aronofsky, the director of the film.

Moreover, she is forced into the cliché virgin/whore complex in which she must be both; a question posed by Thomas to his dancers: "Which of you can embody both of the swans? The white and the black," emphasizes this dichotomy.¹²² Furthermore, Jacobs introduces the concept of the sexualization of Nina:

¹¹⁸ Ibid, 58.

¹¹⁹ Ibid, 59.

¹²⁰ Ibid, 59

¹²¹ Ibid, 59.

¹²² Emphasizing this, after she is cast as Swan Queen and calls her mom to say "He picked me, Mommy" she leaves the bathroom stall to find "WHORE" written in big block letters on the mirror in red lipstick.

There are two scenes in the film in which Nina is supposed to be exploring her own sexuality at the command of Thomas and achieving some kind of agency. The first is her doing her “homework” in her bedroom and the second is the lesbian sex scene with her contemporary/double/competitor Lily (which we learn retrospectively is just her fantasy). In both of these scenes she is trying to obey Thomas’s imperative to “let go and unleash her passion.”¹²³

Jacobs argues, “rather than representing the specificity of Nina’s desire, these scenes function completely within the terms of male fantasy. Even in her own fantasies, Nina reproduces the... iconography of soft porn; the lesbian scene in particular is replete with porn clichés. It functions entirely for the pleasure of the heterosexual male spectator.”¹²⁴ In her criticism, Jacobs references Laura Mulvey’s aforementioned theories: “Over thirty years ago... Laura Mulvey called for filmmakers and critics to refuse both the impulse to reproduce this construction [of the male gaze] and to resist the pleasure it generates.”¹²⁵ As a film that utilizes the male gaze and goes against Mulvey’s recommendation, “*Black Swan* proceeds as if feminist film theory never happened. Instead it allows itself to absurdly, hyperbolically romanticize the patriarchal construction of femininity...”¹²⁶

While Fisher acknowledges the film’s propensity to reference “soft-porn tropes,” in stark contrast to Jacobs, he writes:

This is a film about the refusal of sexuality. Throughout most of the film, Nina will not allow herself to be constituted as a sexual object, even *for* herself. A heterosexual male viewer coming to *Black Swan* looking for titillation would surely be deeply disappointed. The film shows a female body too destabilized by anxiety and delirium to be the object of a masturbatory male gaze.¹²⁷

These two authors both pose valid arguments about their ideas surrounding the sexualization of Nina, yet the authors neglect to analyze the specific examples of words and actions regarding

¹²³ Fisher, Jacobs, 59.

¹²⁴ Ibid, 60.

¹²⁵ Ibid, 60.

¹²⁶ Ibid, 60.

¹²⁷ Ibid, 61.

how Nina expresses and is punished by her sexuality. The punishments of Nina's sexuality are of the utmost importance, especially when analyzing the film and its relationship to historical hysteria, particularly to sexual repression as a risk factor associated with historical hysteria. Nina begins the narrative as sexually innocent (even equipped in white clothing to prove it). This concept of sexual expression followed by consequence arises at the party celebrating Nina's casting as the Swan Queen and announcing Beth's retirement. As Thomas stands in front of the crowd toasting "to Beth, to Nina, [and] to beauty," Nina stands behind him, observing and admiring Thomas as a romantic prospect. She notices a hangnail and begins to pick at it. This sudden awareness of her body reflects her awakening to her sexuality and lust for Thomas. When she acts on the hangnail and attempts to remove it in the bathroom, she rips off a piece of her skin and it gushes blood. This reflects not only a consequence to her sexual arousal, but symbolically represents a 'first bleeding' (a reference to menstruation and induction into maturation). Curiously enough, she looks back to her finger only to realize that she had never had a hangnail at all, nor had she bled which can be interpreted as her getting lost in the consciousness of sexuality to the point where it alters her reality.¹²⁸ After the party, Thomas brings Nina back to his apartment for a chat, where he asks her if she is a virgin and if she enjoys sex—saying, "I don't want there to be any boundaries between us... We need to be able to talk about this." Leaving Nina embarrassed, he then asserts, "I got a little homework assignment for you. Go home and touch yourself. Live a little." The following morning, Nina attempts her homework assignment and begins to masturbate, but as she reaches an orgasm, she is shocked and terrified to notice that her mother is asleep in the chair next to her bed as if she is always

¹²⁸ In the bathroom, Lily arrives and introduces herself to Nina while taking her black, lace underwear off and shoving them in her purse. This introduces the symbol of clothing, specifically underwear. The foil to Lily's sexy underwear which she sheds so easily, are Nina's child-like bikini briefs (which appear often).

watching over her.

After a provocative sexual advance by Thomas at rehearsal, she returns home to take a bath where she once again begins to touch herself but stops. It is then that she is punished for her sexual “transgressions” again. She sinks underwater and blood droplets splash in the water causing her to open her eyes and see the evil version of her above herself, terrifying her. Her fingers start gushing blood again, just like they did at the party, however, this time, two of her fingers bleed—punishing the use of her fingers during masturbation (also representing that this is the second punishment).

Once again, as Nina is filing her nails on the subway (the filing representing her trying to gain back control of her sexuality), an older man makes kissing noises at her, licks his lips, and rubs his crotch while maintaining eye contact with her. She is repulsed (rightfully so), showing her disgust at this expression of sexuality. As with the other scenes including punishment outlined above, it is not clear to the viewer what is Nina’s reality and what is a hallucination. This is unsettling for the viewer, emphasizing the precariousness of Nina’s sanity and urging the viewer to doubt what is and what is not a hysterical hallucination.

The symbol of black lace clothing surfaces when Lily offers a tank top to Nina in order for her to fit in at the bar.¹²⁹ Nina adopts Lily’s lifestyle for the night—drinking, using MDMA, dancing at clubs, flirting with men, and wearing her clothing. She transforms into her dark side, which results in her hearing and hallucinating her alter-ego as the black swan, taunting her by repeating “Sweet girl, sweet girl, sweet girl...”¹³⁰ In the cab ride home, Lily flaunts her black garters and attempts to seduce Nina. They arrive home and her mother scolds her as she

¹²⁹ Lily’s behavior in this series of scenes could be interpreted as reflective of Nina’s mother, further cementing her infantilization as it seems that she can not take care of herself (i.e. get her own drinks, dress herself appropriately, etc.)

¹³⁰ “Sweet girl” is the nickname her mother gives her.

drunkenly tells her mom she slept with two men (her mother hits her in response... another punishment for her sexual expression). The influence of her mother on Nina's consciousness is further demonstrate when, in the sex scene between Nina and Lily, after Nina climaxes, she sees her dark side performing cunnilingus on herself... alter-ego Nina looks up at her and demonically says "sweet girl" before smothering her with a pillow.

The viewer now recognizes Nina's final loss of control as a result of her not being able to vomit anything up when she attempts to force herself.¹³¹ Quickly the scene changes and she is dancing as the Swan Queen and arrives to the part of the ballet where the Swan Queen kills herself. Thomas is yelling to her: "The blood drips! The black swan stole your love! There's only one way to end the pain! You're not fearful, but filled with acceptance!" These statements and the scene allude to Nina's death in the end of the movie. The entire loss of control and full descent into hysteria is seen again when she returns the nail file back to Beth in the hospital; Beth stabs herself repeatedly in the face with the file, symbolizing that the fall into sexuality cannot be controlled and will lead to her demise (just as it did for Beth). The final example of finger symbolism appear when Nina slams her mother's fingers in her bedroom door repeatedly—serving as the final act of removing her mother's grip on her life. Immediately after, through special effects, Nina fully morphs into the Swan Queen; her knees break backwards like a bird's and she loses consciousness. She awakes to find that her mother had put socks over her hands to prevent the scratching, stifling her autonomy.

Nina at this point fully loses herself and falls completely under the spell of her hysterical delusions. Her hallucinations take over: she sees her own face on all of the dancers' faces, her toes become webbed, she sees Thomas as Rothbart (the masculine figure representing darkness

¹³¹ Bulimia is a vice Nina uses to feel in control of her body and life. Additionally, she sees her alter-ego scratching her back (a compulsive response to stress), which she has no control over.

in *Swan Lake*), she thinks she stabs Lily with a mirror shard, her eyes turn fully red, her skin turns scaly, and when she dances and she hallucinates that she develops wings (from the audience point of view shown by the camera, it is obvious that she does not actually have wings). She goes off stage and kisses Thomas, embracing her sexuality. This is the impetus for the final consequence—a bleeding abdomen (no doubt representing an inner destruction stemming from the reproductive organs or sexuality) that she dances through, but dies from after she “completes perfection” in her performance.

Not only does the movie itself communicate psychosis, but it portrays a ballet that draws upon psychosis. There is the obvious connection between Nina’s “hysteria” and her sexuality and between Beth’s “hysteria” and her maturation—classical characteristics of historical hysteria. Perhaps one of the most twisted aspects of the film is how both Nina and Beth’s psychosis is perceived—both are glorified and celebrated. Thomas, describing Beth’s accident to Nina, says: “She walked in the street and got hit by a car. And you know what? I’m almost sure she did it on purpose... because everything Beth does comes from within, from some dark impulse. I guess that’s what makes her so thrilling to watch. So dangerous. Even perfect at times. But also so damn destructive.” He appreciates and celebrates the darkness that destroys her. The viewer watches as Nina dies, but only hears her speak of perfection and the audience applauding maniacally—celebrating her psychosis and unknowingly, her resulting death.

Similar to the audience’s reaction to Nina’s performance within the film, Portman’s portrayal of the character was also rewarded—she won an Oscar and a Golden Globe for her performance among other nominations. The movie proved profitable and popular, grossing almost \$107 million in the US alone; worldwide it grossed almost \$330 million.¹³² *Black Swan* came in twenty-fifth place in the list of top grossing movies in 2010 where *Toy Story 3* earned

¹³² IMDb.

\$415 million securing its position at number one.¹³³ On IMDb, 636,959 ratings were recorded on the film's page. Just as with the films analyzed in the previous chapter, the film was most frequently rated by men ages thirty to forty-four (followed by men between the ages of eighteen and twenty-nine). The average female rating and average male ratings were identical at an 8.0 out of ten.

IV. Representations of Modern Mass Hysteria

As *Black Swan* (2011) perfectly emulates a woman with modern hysteria or modern hysterical symptoms, there is an extension of hysteria worth discussing: mass hysteria.

As discussed in Medical Muses and earlier in this thesis, hysteria was not always understood as a legitimate disease and it was often dismissed as a way of seeking attention or escaping reality. Similarly, mass hysteria is easily discounted as it is classified as a “conversion disorder” where “a person has physiological symptoms affecting the nervous system in the absence of a physical cause of illness, and which may appear in reaction to psychological distress.”¹³⁴ There is supposedly no cause for the illness, nor is/was there a cure.

Those who have studied this phenomenon often say that mass hysteria is a psychogenic illness, “that is, a condition that begins in the mind, rather than in the body.”¹³⁵ In an article by Simon Wessely (a psychiatrist and professor at King's College in London) finds that there are two forms of mass hysteria: one form is 'mass anxiety hysteria' which “consists of episodes of acute anxiety, occurring mainly in schoolchildren; prior tension is absent and the rapid spread is by visual contact. In addition, mass anxiety hysteria is confined to group interactions. Treatment

¹³³ IMDb.

¹³⁴ Maria Cohut. "Mass Hysteria: An Epidemic of the Mind?" July 27, 2018, Available from <https://www.medicalnewstoday.com/articles/322607.php>.

¹³⁵ Cohut, 2018

consists of separating the participants and the prognosis is good.”¹³⁶ Wessely named the latter form of mass hysteria, ‘mass motor hysteria’, “which consists of abnormalities in motor behaviour. It occurs in any age group and prior tension is present.”¹³⁷ He also reveals that the spread of a hysterical outbreak is gradual, and treatment “should be directed towards the underlying stressors but the outbreak may be prolonged.”¹³⁸ With mass anxiety hysteria, however, the “abnormality is confined to group interactions,” and, “abnormal personalities and environments are implicated.”¹³⁹ So, instead of symptoms being identified in just one person, mass groups of people show symptoms or have hysterical fits.

Mass hysteria has the tendency to appear in schools, as it did in a British comprehensive school in 1982 (which lasted about two years and began with the first girl being triggered by her father’s death and the eight other primary patients triggered by emotional and familial distress). In 1965, there was an epidemic in which 85 girls were hospitalized for “over breathing” which was later attributed to mass hysteria. There were the “dancing manias in Europe between the 13th and 17th centuries,” medically documented cases of women falling asleep at their looms in 1797, a dance outbreak in a high school in Louisiana in 1939, an epidemic among eighteen high school cheerleader who fell victim to clumsiness and twitching in 2011 and 2012, and this is just the beginning. Cases have appeared in the United States, Europe, Asia (for example, in Japan in 2014), and in Africa.¹⁴⁰ While this thesis does not support this assertion, it has even been said that transgenderism is a case of mass hysteria. In his article, “Psychiatry Professor: ‘Transgenderism’ Is Mass Hysteria Similar to 1980s-Era Junk Science,” Richard B. Corradi argues: “Transgenderism would refute the natural laws of biology... The movement’s

¹³⁶ Wessely, Simon. "Mass Hysteria: Two Syndromes?" *Psychological Medicine* 17, no. 1 (1987): 109-120.

¹³⁷ *Ibid.*

¹³⁸ *Ibid.*

¹³⁹ *Ibid.*

¹⁴⁰ *Ibid.*

philosophical foundation qualifies it as a popular delusion similar to the multiple-personality craze, and the widespread... hysterias of the 1980s and '90s.”¹⁴¹ However, transgenderism is not a form of mass hysteria (this author compares the transgender identity to psychiatric and psychological conditions, which is not something this thesis is asserting).

The symptomatology of the mass hysteria outbreaks is not coincidentally identical to that of historical hysteria: fainting, non-epileptic fits, nausea, vomiting, headaches, weakness, dizziness, chest pain, abdominal pain, hyperventilation, and twitches. These symptoms appear in all documentation regarding hysteria, dating back to cases from Charcot and *Salpêtrière*.

Mass hysteria is relevant to all populations around the globe, and despite its frequency, it still seems mysterious. Carol Morley, director of *The Falling* (one of the films to be analyzed in this section), beautifully states:

No matter how strange and mysterious mass psychogenic outbreaks appear, or how misunderstood, they remain a powerful group activity and a challenging collective response to our modern lives... They are part of the human condition and at their heart lies our overwhelming need for a sense of belonging and connection.¹⁴²

Apart from Morley's *The Falling* (2014), Sofia Coppola's *The Virgin Suicides* (1999) stands out as another modern cinematic example of modern mass hysteria. What most relates these films to historical hysteria is their significant relationships with female adolescent sexuality.

¹⁴¹ Richard B Corradi. "Psychiatry Professor: 'Transgenderism' is Mass Hysteria Similar to 1980s-Era Junk Science." in FDRLST Media [database online]. Available from <http://thefederalist.com/2016/11/17/psychiatry-professor-transgenderism-mass-hysteria-similar-1980s-era-junk-science/>.

¹⁴² Ibid.

V. *The Falling* (2014)

The first film to be discussed in reference to mass hysteria is *The Falling* (2014). This offbeat and often dark indie drama is summarized on IMDb: “It's 1969 at a strict English girls' school where charismatic Abbie and intense and troubled Lydia are best friends. After a tragedy occurs at the school, a mysterious fainting epidemic breaks out threatening the stability of all involved.”¹⁴³ Of Wessely's two defined types of mass hysteria, *The Falling* showcases both mass anxiety hysteria and mass motor hysteria. As Wessely asserts that mass anxiety hysteria occurs mainly in schoolchildren, its application to *The Falling* is clear. The film's connection to mass motor hysteria is shown through those who fall victim to the condition and exhibit symptoms of altered motor ability (e.g. eye twitching and fainting). While analyzing this film, both forms of mass hysteria will be used as bits and pieces of both apply to the story, but neither can be used exclusively for one particular reason: only mass motor hysteria is associated with tension preceding the hysterical outbreak, but seeing as prior tension could potentially include trauma or repression, this thesis would assert (in opposition to Wessely's definitions) that all mass hysteria, just as all hysteria, stems from that prior tension (i.e. prior tension or repression). The idea that mass hysteria also stems from trauma and repression unites the two types of hysteria. In agreement with this thesis' proposition that all hysteria stems from trauma, repression, or both, Morley identifies similar ideologies in the inspiration for the movie:

I decided to set *The Falling* in the 1960s because much of the research I had carried out, certainly into mass psychogenic outbreaks at that time, suggested sexual guilt, or a preoccupation with sexual matters as a factor. I felt it would be an interesting way of looking at the complexity of young female identity and sexuality and the changing nature of sexual morality for women in particular, so the outbreaks could also be linked to cultural and social stresses.¹⁴⁴

¹⁴³ IMDb.

¹⁴⁴ Cohut, 2018.

While mass hysteria is different from hysteria in that it affects group dynamics, it is essentially the same... the only difference is that instead of the symptoms appearing in one person as an isolated, individualized incident, entire groups fall victim.

The director of the film, Carol Morley, became fascinated by mass hysteria and mass psychogenic illness when researching for this film. She wrote a piece for *The Guardian* prior to the release of *The Falling* in which she describes her personal discovery of mass psychogenic illness and how she came to create *The Falling*, her “fictional account of an epidemic of fainting set in a girls’ grammar school in 1969.”¹⁴⁵ Before producing this film, she researched a report of a mysterious mass illness that victimized 240 adolescent girls in a rural Colombian town named El Carmen de Bolívar. All of these young girls were “hospitalized with perplexing symptoms including fainting spells, shortness of breath, severe headaches, numb hands, nausea and convulsions.”¹⁴⁶ While the cause of the mass infection was never identified, the citizens of El Carmen de Bolívar and the media were convinced that their symptoms were all side effects of Gardasil, a vaccine preventing human papillomavirus (HPV) which the girls had apparently recently been given. There was absolutely no evidence that Gardasil was the culprit for the symptoms and President Juan Manuel Santos “suggested the mysterious malaise was a ‘phenomenon of collective suggestion’, or a case of mass hysteria.”¹⁴⁷ The fact that the illness is attributed to a vaccine within the realm of women’s health is not surprising.

Another instance of example of mass hysteria cited by Morley occurred in Tanzania, “where in 1962 there had been an outbreak of laughing contagion in a girls’ missionary boarding

¹⁴⁵ Carol Morley. "Carol Morley: ‘Mass Hysteria is a Powerful Group Activity’." March 29, Available from <https://www.theguardian.com/film/2015/mar/29/carol-morley-the-falling-mass-hysteria-is-a-powerful-group-activity>.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

school.”¹⁴⁸ While a laughing outbreak is understandably perceived as odd, it is not shocking that the excessive emotional expression by girls is found to be “insane” and socially transgressive. All of the cases cited by Morley focus on girls; according to Morley, ninety percent of mass hysteria victims are female, due to being slightly more suggestible.¹⁴⁹

In an interview with Morley, she is asked “The cast and crew of *The Falling* is overwhelmingly female, which is unusual in the film industry. Was this deliberate?” Morley articulates that this happened “organically” as she is “interested in female stories and in telling them from a female point of view.”¹⁵⁰ While the movie aimed to tell female stories, it did not reach a very wide audience—it grossed about \$663,738 worldwide between 2015 and 2018.¹⁵¹ Created in the UK by director and writer Carol Morley, the film received an average rating of 5.4 on IMDb; the film was most rated by men aged thirty to forty-four (the following demographic is men over the age of forty-five). The average female rating was a 5.3 (with 1,268 female reviewers) and the average male rating was a 5.4 (with 2,795 male reviewers).

The analysis of this movie and its connections to hysteria lies in its portrayal of a mass hysterical outbreak and also in its symbolism. The mass hysterical outbreak manifests itself through symptoms identical to those from historical accounts of hysteria and in the films portraying historical hysteria. These symptoms, as mentioned previously, include eye twitches, fainting, bodily contortions, etc. Symbolism and motifs used to connect the film to historical hysteria (as historical hysteria narratives also include them) include: hands, Abbie’s hair or face, skin, bloody hands, nature (trees, ponds, leaves, the moon), women staring out windows, music class, school, masturbation rain, and occult symbols.

¹⁴⁸ Ibid.

¹⁴⁹ Cohut, 2018.

¹⁵⁰ Lisa O’Kelly, “Carol Morley: ‘Maxine Peake is My Muse’,” March 29, Available from <https://www.theguardian.com/film/2015/mar/29/carol-morley-maxine-peake-is-my-muse-the-falling-interview>.

¹⁵¹ “The Falling (2014).” Available from <https://www.the-numbers.com/movie/Falling-The-New-Zealand#tab=international>.

One of the most noticeable and unparalleled characteristics of *The Falling* is its alternative cinematography, used to foreshadow and also to create flashbacks that are presumably taking place in the characters' minds. Most often, these montages are fleeting; they sometimes are so quick that the viewer is not able to discern what they are of. Many of the symbols/motifs are shown in the rapid transitional montages; such as: trees, hair, the color red, water, and the moon.

The omnipresent tree is a simultaneous reference to youth and immortality. Even though human life is not immortal, the tree supposedly is, thus, Lydia and Abbie carve their initials into a large tree as a way to immortalize their friendship. Even after Abbie's death, Lydia and their friends gather around the tree, holding hands and walking in a circle—giving off an occult energy... as if the girls are trying to summon Abbie back from the dead (as if she were immortal).¹⁵²

Abbie's dialogue foreshadows her own death in the scene that comes after she and Kenneth (Lydia's older teen-aged brother) engage in sexual intercourse. She sits beside Lydia (who is hiding in a cabinet) and divulges something that Kenneth had told her: "He said the French call an orgasm a small death. That's what it's like, you know. When a guy's inside you and you get it right, feels like you're blacking out, dying." As seen in *Black Swan*, this reference predicts and exemplifies the idea that sex coincides with punishment—pregnancy, death, etc. Society leads the girls to believe that sex is dangerous and they are not to engage sexually, so when they do, it would make sense to them that there would be a punishment (as that is what they had always been told). Meaning, if a young girl explores her sexuality, there will be consequences.

¹⁵² This imagery reminded me of a commonly known historical outbreak of mass hysteria from the 1600s in the United States: The Salem Witch Trials.

Hair is used as a symbol of identity and of maturation, as reflected in a quote made by Deborah Pergament (an attorney and experienced author in the legal services industry): “As a signifier of information about gender roles, hair is a vehicle to communicate messages about sexual and gender-based preferences, practices, or beliefs.”¹⁵³ Pergament continues to explain how in Sri Lanka, long hair symbolized “unrestrained sexuality” while “short hair, tightly bounded or partially shaved hair signaled restricted sexuality, and that shaved heads symbolized celibacy.”¹⁵⁴ Furthermore, in the British Isles, “jewelry and artwork made from hair was a symbol of romantic or sexual relationships... Charles II was reported to have made a watch fob from the pubic hairs of his mistresses.”¹⁵⁵ This is reflected in a few ways: Lydia has short hair and for the majority of the movie remains asexual, whereas Abbie has long and untamed blonde hair reflecting her free spirit in regard to sexuality. Additionally, following Abbie’s death, Kenneth (Lydia’s older brother and at one point, Abbie’s sexual partner), keeps a strand of Abbie’s hair that he found on his pillow in a small ceremonial box under his bed. In a basic biological sense, hair development, especially in the pubic area, is often seen as the beginning of puberty. Kenneth and Lydia analyze the hair together, reflecting both of their sexual/romantic fascinations with Abbie.¹⁵⁶

Later, the screen focuses specifically on the girls’ friend, Susan. It is assumed that she has had her first sexual encounter, as she is shown in a mirror with a boy standing closely behind her. There is also a brief portrayal of her masturbating in a floral nightgown. What symbolizes her maturation from this point forward, however, is that she begins to wear perfume, and more

¹⁵³ Deborah Pergament. "It's Not just Hair: Historical and Cultural Considerations for an Emerging Technology." *Chicago-Kent Law Review* 75, no. 1 (1999): 41-59.

¹⁵⁴ Ibid, 44-45.

¹⁵⁵ Ibid, 45.

¹⁵⁶ While it is never communicated or obvious that Lydia has any sort of sexual fascination with Abbie, it was alluded to in the extreme physical closeness of their friendship, her obsession with her best friend, her jealousy when Abbie sexually engages with boys, and the flashbacks focusing on her hair or lips.

importantly, wear her hair as Abbie did—long and untamed. She adopts some of Abbie’s traits and habits as her own, attempting to assume her position of sexual superiority.

Other symbols included in the motif of developing female sexuality, director Carol Morley uses are the color red and the moon. Red, obviously referencing blood and menstruation along with love and lust, and the moon is often associated with feminine energy (there is also the myth that menstrual cycles are directly linked to moon phases). Tying into feminine energy, the use of nature is a reference to the idea of “Mother Nature” and the femininity of the natural world.

As previously mentioned by Morley, this film emphasizes sexual repression. The first Following Abbie’s first sexual encounter (with a boy in a leather jacket who had a car), in the very beginning, a teacher (Ms. Mantel) calls Abbie Mortimer to the front of the class due to the length of her skirt. She says in front of the class that a skirt should be no shorter than two inches from the ground when kneeling. Abbie kneels before the class, a religious and/or sexual allusion, the teacher measures her skirt and yells at her for violation the rules—immediately following, Abbie’s eye begins to twitch (a common preliminary symptom of hysteria) signifying a consequence to her transgression.¹⁵⁷ Later in the film, Kenneth is seen in a series of consecutive shots masturbating and immediately following, Lydia announces to her mom, “Abbie’s dead,” further cementing this idea of consequence—Abbie had sex with Kenneth and as a result of their lust (further represented by the shots of Kenneth masturbating), she dies. Their sexualities are simultaneously what liberates them and the reason for their punishment.

Following this instance of embarrassment and punishment, in science class with one of the only male teachers, the girls learn do a lab experiment with chicken embryos. The teacher’s lecture foreshadows Abbie’s pregnancy: “When the yolk matures, the follicular sac ruptures. If

¹⁵⁷ The twitch appears in all of the girls/young women who have “hysterical fits” in the film.

any blood cells cross the stigma, a small drop of blood may get on a yolk as it's released from the follicle. It's what causes most blood spots in eggs... the egg is still a mystery to scientists. It's complex. It's a tiny center of life." The symbol of red blood continues when the girls return to Lydia's house and she spills red hair dye on the floor, much to her mother's dismay. Later, they retreat to Lydia's bedroom where they cuddle and discuss the possibility that Abbie is pregnant: "I was an egg. Now I've made an egg." Lydia responds, "Actually, we're already born with all our eggs. Pregnancy's no good for you. Look at our mothers." Abbie asserts, "I feel so crummy," and obviously touches her eye (referring again to the hysterical symptom of eye twitching).

Soon after, a scene begins with a shot of Abbie picking mindlessly at the bathroom wall while instructing Lydia on how to use a tampon—the director may be using this imagery to subtly hint at the relationship of the condition of the girls to that shown in the previously discussed film, *The Yellow Wallpaper*. The wallpaper in the school bathroom is a dirty shade of beige and appears once again toward the end of the film. This allusion to Charlotte Perkins Gilman's story is used to communicate the universality of the hysterical female condition. Circumstances are comparable even between a teenage girl in England in the twenty-first century and a grown woman in the America from the twentieth century—their connection through simply being women is strong enough. Their stories can be applied in different centuries, continents, and ages and still remain realistic. The symbolic yellow wallpaper that surrounds and oppresses women had not disappeared over time—they share similar feelings. In the last scene in the school takes place in the same bathroom where Abbie had picked at their yellow wallpaper. This time, however, Lydia pulls at the wallpaper, whispering over and over to herself: "It's going to be the same thing every day for the rest of our lives. Same thing every year for the rest of our

lives.” Her friends enter the dingy bathroom to check on her and Lydia breaks down; she begins tearing apart the wall yelling that there is some sort of poison that lives within the walls. She shreds the wall apart saying “What have I done to you all? ... They should’ve kept me in the hospital. I’m mad. I’m crazy...If it’s real to me and made-up, I would’ve really been ill.” This scene signifies Lydia coming into her consciousness that she is being oppressed (and repressed) by the institution(s) surrounding her—the school, the patriarchy, doctors, etc. In a school assembly, they all sing in unison: “He who would valiant be, against all disaster, let him in constancy, follow the master...” This hymn, too, reflects the repressive nature of the school and also of the Catholic religion they are practicing. The motif of religion becomes apparent when Abbie realizes she may be pregnant. She confides in Lydia: “I can’t be. He pulled out early, said it was a really Catholic thing to do...” In this case, her ignorance is fueled by her religiously based sex education and trust in the boy with a car. This same naïveté also breeds distrust in themselves, as shown in Lydia and Abbie’s conversation during detention where Abbie reveals that she had thought about keeping the baby: “I keep thinking about keeping it.” Abbie responds, “I know you don’t want it. I’ll get medical books from the library... nothing will go wrong.” Abbie continues, “I know, but it’s just a feeling,” to which Lydia retorts, “But you can’t trust feelings.” The way in which they are silenced and ignored as young women is disempowering, as shown is this scene.¹⁵⁸

One interesting aspect that is different from the other films is that a woman is who assigns the label of “hysterical” to the girls. Ms. Alvaro, the headmaster of the school, in a conversation with Ms. Mantel that takes place following the institutionalization of the students:

¹⁵⁸ Repression based on conservatism and religion is omnipresent in the movie. At one point, a superimposed voice murmurs. “The devil can enter you in many ways so please cross your legs.” Juxtaposing religion is the influence of the occult introduced mostly by Kenneth. He is seen drawing a wiccan star, he offers to cast spells, he defends magic, and he suggest that ley lines (geographic points where religious landmarks or religious sites supposedly converge and create a spiritual energy) that fall under the school may explain the strange behavior.

“Hysterical contagion... that’s the diagnosis... the wandering womb. Hysteria, from the Greek for uterus. Hippocrates believed that the disordered womb led to hysteria.”¹⁵⁹ Ms. Mantel responds: “The standard of behavior must be kept. This is a school. It’s not a mental institution.” The conversation concludes with Ms. Alvaro saying, “This generation, they think they’re so misunderstood. If they’d any idea what it’s like to be a middle-aged woman, they’d know what misunderstood meant” (they both laugh in response). In the hysterical films and case studies presented earlier in this thesis, it is men who usually are diagnosing women with hysteria, thereby dismissing their conditions; all the while, they too feel misunderstood, as reflected in their dialogue. These two middle aged women are the ones who discredit the young girls’ conditions even though they feel the same—further demonstrating universality, this time with age instead of geographical location.

Their disbelief in the young girls can leave the viewer disheartened, but later in the movie, it is revealed that Ms. Mantel also became pregnant at a young age and she may or may not have terminated the pregnancy—the viewer learns to sympathize and understand that truly, Ms. Mantel only wanted the best for the girls and to protect them. Moreover, it is interesting how Ms. Mantel attempts to “domesticate” Lydia and Abbie in detention. She orders them to memorize recipes by heart before she returns.

There is one other scene in which a female teacher attempts to “keep Abbie in line” by telling her not to be so “emphatic” when Abbie reads poetry in front of the class. Poetry is present throughout the whole narrative; this contributes to the somber and poetic tone of the film. Abbie often recites or reads poetry (through a voiceover or directly in a scene)—the stifling of

¹⁵⁹ The film also makes a direct reference to historical hysteria when Kenneth reads to Lydia: “The late Carl Jung wrote of changes in the constellation of psychic dominance which bring about long-lasting transformations of the collective psyche. Old secrets rise to the surface... and dissolve into the consciousness of the human race to fertilize the seed of evolutionary growth.”

her artistic expression is yet another example of women/girls' voices being silenced. There is a constant fear of expression—of the hysterical symptoms, of Abbie using her voice, of girls being sexually active. For these very reasons, the girls, beginning with Abbie, engage in sexual behavior; Abbie and Lydia both say “It takes you somewhere else.” The “somewhere else” is a place where they are free to express themselves, whether that be through poetry or sex.

Finally, Abbie's mother, Eileen, could also be characterized as “hysterical” as she suffers from what could be considered Post Traumatic Stress Disorder. She does not leave the house out of fear for her safety—a psychological consequence of her rape many years earlier. In conjunction with her “hysteria” stemming from trauma, she constantly has the news coverage of the nuclear arms race playing on their television. The nuclear arms race could easily be labeled as a global panic, or a case of mass hysteria.

Apart from the students' sexual repression, their young art teacher (Miss Charron) has similar experiences. It is implied that she has a sexual and/or relationship with the male science teacher and in a private conversation, Ms. Mantel asks “Are you going to have it?” Miss Charron is surprised and responds, “I didn't think you'd be so understanding, Miss Mantel. It's not as if I'm married.” Ms. Mantel continues, “Neither was I... contrary to popular belief, I was never a nun.”¹⁶⁰ Miss Charron asks if she had the child... Ms. Mantel appears faint and the screen shows bloody hands—implying that she terminated the pregnancy, or, the blood was on her hands.

The defining moment in which young female sexualities are condemned, specifically Lydia's, is when she has intercourse with her brother (who ends up technically being a half-brother, but even so). This type of taboo sexuality is socially condemned just as general female sexuality is and has been condemned since long before the era of Dr. Charcot's hysterical patients. Lydia tells her mother “I forgot he was... my brother” after their mother catches them

¹⁶⁰ Ms. Mantel is described as a “malicious prude” by Lydia—this reputation is what she is referring to in this quote.

in the act and kicks Kenneth out of the house. Lydia's mother screams at her, telling her, "You disgust me! You ought to be locked up! You're dangerous! Oh, you've not been ill, but you are sick, you're sick in the head... There's not a man to be trusted." Once again, it can be seen that the older women's traumas of their own (Eileen's rape, Ms. Mantel's presumed abortion, etc.) have remained with them over the years and what they truly want is for the girls not to be emotionally and/or sexually scarred as they were, but by stifling them, they do nothing to help the young girls.

VI. *The Virgin Suicides* (1999)

Relating to *The Falling*, but with a hazier, nostalgic tone, *The Virgin Suicides* (1999) stars Kirsten Dunst¹⁶¹ and is based on a fictional novel written by Jeffrey Eugenides and published in 1993. The Lisbon family is a suburban, conservative, Christian family. The father is a high school math teacher, the mother a homemaker, and they have five daughters: Cecilia is thirteen years old, Lux is fourteen years old, Bonnie is fifteen years old, Mary is sixteen years old, and Therese is seventeen years old. The girls are being raised in the mid-1970s on the outskirts of Detroit. The youngest commits suicide first, followed by all of the four other sisters just about one year later at the same time.

The Virgin Suicides, directed and co-written by Sofia Coppola, reached a far broader audience, grossing over \$5.5 million globally (almost 88% more than *The Falling*).¹⁶² *The Virgin Suicides* averaged a 7.2 rating on IMDb where 132,475 users left ratings; as usual, the most reviews came from men between the ages of thirty and forty-four, followed by women in the

¹⁶¹ Kirsten Dunst also stars (a decade later) in the film *Melancholia* (2011) which concerns women's mental health, but in a futuristic and apocalyptic setting.

¹⁶² IMDb.

same age group. The average female rating is a 7.3 (39,602 ratings by women in total) and the average male rating is a 7.2 (66,750 ratings by men in total).¹⁶³

Perhaps the most important facet of *The Virgin Suicides* is to analyze how the “story of five sisters and their gruesome deaths,” is told “in the collective voice of their would-be suitors, now older but still haunted by the girls’ suicides.”¹⁶⁴ The legacy of the fictional Lisbon sisters is perpetuated by boys who later obviously grow into men who are still ruminating on the five girls. Even while the story is entirely fictional, how is its narration changed by the fact that the young boys are the ones speaking on the sisters’ behalf? Moreover, how does the heterosexual and pubescent boys’ idealization of the sisters change how they are portrayed? The girls are cinematically represented as beautiful, but damaged goods; surely, their physical features and sexualities would not have been as integrated into the story had it not been told by a group of hormonal boys going through puberty who were all in love with Cecilia, Lux, Bonnie, Mary, and Therese.

While in *The Falling*, hysteria is used to justify actions that reject traditional social norms for the schoolgirls, *The Virgin Suicides* addresses hysteria through three lenses: the hysterical condition of the sisters, mass hysteria in the media, and the outbreak of mass hysteria as a response to women’s behavior. As stated when introducing *The Falling* in the previous section, the same applies to *The Virgin Suicides*: the modern film depicting modern hysteria connects to historical hysteria deeply through shared symbolism and motifs. Just as *Black Swan*, both *The Virgin Suicides* and *The Falling* focus deeply on developing feminine sexuality and maturation. There is also a connection between *The Falling* and *The Virgin Suicides* in reference to religion.

¹⁶³ IMDb.

¹⁶⁴ James Gibbons. "Jeffrey Eugenides, the Art of Fiction no. 215." *The Paris Review* no. 199 (2011).

Once again, in *The Virgin Suicides*, symbols of the tree appears. the ever-present symbol of the elm tree is quite representative and revelatory to the plot of the story. The perfect suburban neighborhood is being dismantled by the removal of elm trees scattered across all of the well-manicured lawns. After her first suicide attempt,¹⁶⁵ Cecilia, the youngest, leave a handprint in a plaster-like material on the side of the tree. When their elm's time comes to be chopped down, the remaining four sisters gather around the tree in its defense. It is no coincidence that the elm is "thought to be the tree of old family and family tradition"¹⁶⁶—they line the street of a seemingly perfect American neighborhood and Cecilia's handprint remains in the bark. Further, all of the trees are being cut down in order to limit the spread of a tree disease epidemic... this compares well to the idea of idea of corruption, of the girls falling victim to a suicide epidemic (the trees are removed from the neighborhood, as is the Lisbon family).

As always, sexuality and puberty are the most predominant motifs in this thesis' feminist analysis of Coppola's film—beginning with Cecilia. Cecilia is the youngest sister at the delicate age of thirteen. Thirteen an archetypally classic age in which many girls begin to develop sexually and begin puberty. She is the first to try and kill herself—her first suicide attempt is unsuccessful When the emergency medical team removes her from the bathtub after this first attempt on her life, a card depicting the Virgin Mary drops from her limp hand.¹⁶⁷ With the title of the movie including the word "virgin," it is inevitable related to the ideas of sexuality and purity. She drops the card, covered in blood, on the floor—symbolizing the abandonment of innocence and purity, leading to her bloody initiation into female sexuality (the blood referring to her first period). She is hospitalized and treated for her wounds before returning home. In a

¹⁶⁵ Her *second* suicide attempt results in her death.

¹⁶⁶ "Elm." Available from <http://www.unfading.net/elm.html>.

¹⁶⁷ "Losing one's virginity" is often colloquially referred to as "losing one's V-card"—yet another symbolic way of expressing lost purity with the literal Virgin Mary card. This card also appears later on when one of the Lisbon girls places the Virgin Mary card within the spokes of the neighbor's bike.

poignant exchange with a psychologist in the hospital, the doctor asks her, “What are you doing here honey? You’re not even old enough to know how bad life gets,” to which she responds, “Obviously, doctor, you’ve never been a thirteen-year-old girl.” It’s possible that a shift in her mood could be attributed at least partially to hormonal changes and her entering into adolescence.

In addition to blood, red lipstick, tampons, Lux’s tank top, and perfume all serve as symbols of sexuality and development for the sisters. Following her release from the hospital, the family has a boy come over for dinner who is a pupil of the father’s. At the dinner table, Lux is wearing a tank top (that she wears when she ultimately takes her life) and her mom says “Lux, please, put your shirt on this instant.” She apologized and puts on her cardigan, but subtly pulls sweater off shoulder and kicks the boy under table to get attention and play “footsie.” The dinner guest asks to use the restroom and is directed to use the one through Lux’s room, where the door is adorned with the same Virgin Mary card that Cecilia had held in the bathtub. In the medicine cabinets, he finds the girls’ perfume and a tube of their red lipstick, both of which he smells, imagining the girls in his head. He hears a knock on the door, which he opens to reveal a tank top clad Lux saying she needs to get something. She begins to open the cupboard with the stash of tampons (which he had previously discovered) and teases him and tells him to leave. This assures the viewer that she has, in fact, already begun coming into her sexuality.

Referring back to Cecilia, her doctor told her parents: “Her act was a cry for help. I know you’re very strict, but I think Cecilia would benefit by having a social outlet outside of the codification of school where she could interact with males her own age.” So, the following week, the parents plan a small party for the girls. This party is charged with awkward adolescent tension and ends when Cecilia jumps from the bedroom window onto a sharp spike on the fence.

This spike is a phallic symbol, as are the lipstick and the tampon. The phallic and hormonal “corruption” of the five sisters wreaks havoc on their lives. The fence is removed from the property—ironically fences are traditionally a symbol of protection. On the other hand, fences can keep things *in*, but even when the fence is removed, the girls are still repressed and locked into their house—showing the permanence of their repression. While the fence is being removed, the neighbors stand on the street surrounding the house whispering. The narrator offers, “Everyone had an opinion as to why Cecilia tried to kill herself.” For example: “That girl didn’t want to die. She just wanted out of that house” and things along the lines of what the parents could have done differently.

At this point, the narrator reflects on Lux’s “coming of age.” While showing Lux and her sisters on their front lawn, the narrator says, “Almost every day, and even when she wasn’t keeping an eye on Cecilia, Lux would sunbathe on her towel wearing a swimsuit that caused the knife sharpener to give her a fifteen-minute demonstration for free.”¹⁶⁸ The narrator is communicating that Lux begins to exhibit her sexuality, but what must be considered is the possibility that she was simply sunbathing and the narrator, a teenage boy, is the one sexualizing the experience.

The next scene shows the neighbor boys (the narrator and his friends) sitting on the floor of one of their bedrooms reading Cecilia Lisbon’s diary given to them by the plumber’s assistant. One of them, “the brain,” attempted to analyze it: “Emotional instability. Look at the i’s. The dots on them, they’re everywhere. Basically, what we have here is a dreamer, someone completely out of touch with reality. When she jumped, she probably thought she would fly.”

The boys comment on the number of pages written about dying elm trees. They continue reading

¹⁶⁸ The significance of the phrase “caused the knife sharpener to give her a fifteen-minute demonstration for free” is that her beauty attracted the attention of the man who is a door-to-door knife salesman, who gives her a free demonstration so that he could look at her and flirt with her.

and come across an entry about Lux: “Lux lost it over Kevin Heins, the garbage man. She’d wake up at 5 in the morning and hang out casually on the front steps like it wasn’t completely obvious. She wrote his name in marker on all her bras and underwear and mom found them and bleached out all the ‘Kevins’. Lux was crying on her bed all day.” This is a daring declaration of sexuality. Following the revelation of the “Kevin” situation, the girls return to school and Lux begins to embrace her male peers. Some of the boys asked by the narrator about Lux say: “Let me tell you, she’s the hottest girl in this school, for sure,” “If you want to know what happened, smell my fingers, man,” and, “Nah, she didn’t talk about Cecilia. We weren’t exactly talking if you know what I mean.”

This scene is possibly the most exemplary in terms of addressing how the boys are telling the girls stories. It seems notable that a young, male plumber’s assistant felt entitled to take Cecilia’s diary from behind the toilet and that the boys felt that they were entitled to reading it and being privy to the sister’s most private thoughts and observations. After all, the boys are inserting themselves into the story of the sister’s suicide, potentially being the cause of the story’s sexualization. As a result of including themselves in the story of the Lisbon sisters’ suicides, they narcissistically claim the narrative as their own, taking the agency from the girls themselves. The *boys* read the diary, the *boys* narrate the story, the *boys* find all of the girls dead in their house... who is to say the boys can be trusted in their telling of the story?

Now, Trip Fontaine appears: “All the girls at our school were in love with Trip. All the girls, except for Lux. Trip told us his passion for Lux Lisbon all started when he went into the wrong history class during fifth period.” The narrator talks to Trip when they are adults and Trip says, “She was the still point of the turning world, man. I never got over that girl... that girl drove me crazy, man.” The interview is cut short by a nurse saying “It’s time for your 6 o’clock

group meeting,” leaving the audience wondering if he had been institutionalized and actually “driven crazy” by his time with Lux.¹⁶⁹ Trip reflects on the time he spent with Lux at the homecoming dance when he convinced her parents to let him and some of his friends bring all four sisters as their dates. The boys brought white corsages and Mrs. Lisbon made the girls’ dresses and made sure to add “an inch to the bust line and two inches to the waist and hems and the dresses came out as four identical sacks.” As Trip places the corsage on her collar, the camera pans down to Lux’s waist and it is revealed that she had written “Trip” on her pink cotton underwear. Lux smokes in the car and one of the boys puts his finger through a smoke ring that she blows in the air and says “Don’t let it die a virgin!” This statement foreshadows what would happen later; at the end of the dance, Lux and Trip sneak off to the football field where she has sex for the first time. They fall asleep there, but she wakes up in the morning alone. As a result of her behavior, “The girls were taken out of school and Mrs. Lisbon shut the house in maximum security isolation.” The narrator also describes how Mrs. Lisbon makes Lux burn all of her rock albums. Symbolically, the first record to go is by Kiss... a perfect way to relate the consequence back to the consequence-worthy behavior. The smoke created by burning the records makes the family cough, later reflected in a metaphorical sense when Lux tells her mother, “We’re suffocating.” Her mother responds with, “You’re safe here,” and Lux ends the conversation with “I can’t *breathe* in here.”

Burning the records directly correlates with the destruction of Lux’s innocence and naïveté; as reported by the narrator, “This was around the time we began to see Lux making love on the roof with random boys and men.” The narrator (a neighbor of the Lisbon’s) and his friends take turns looking through a telescope and binoculars watching Lux on the roof having sex with the men. They are always watching, always idealizing them, and objectifying them.

¹⁶⁹ This is the only outright instance within the analyzed films that a man is portrayed as emotionally unstable.

From this concept of constant observation, arises the connection to the objectification of female sexuality in film and Laura Mulvey's theories on visual pleasure in cinema. As mentioned previously, each of the films discussed in this chapter on portrayals of modern hysteria, the portrayal of women and girls' sexualities varies. This is an important distinction because as discussed *Black Swan*, while disputed between Fisher and Jacobs, clearly objectifies the experience of female sexuality as something to be enjoyed by the heterosexual male viewer (a concept previously introduced as Mulvey's theory on scopophilia). The infallible male gaze (omnipresent in both Charcot's photography of his hysterical patients in Salpêtrière and modern film and in everything created in between) is hyper-literal in *The Virgin Suicides* as the boys are literally watching the Lisbon girls from across the street. However, the sexuality of the girls is not depicted directly as it is done in *Black Swan*, with the exception of the scene when Lux has sex with Trip. In *The Falling*, there are more direct displays of individuals' sexuality, meaning they show the physical sexual acts more explicitly. However, with both *The Falling* and *The Virgin Suicides*, the scenes with sexual acts are much less exhibitive in contrast to *Black Swan*. This thesis contends that this is due to the fact that both *The Falling* and *The Virgin Suicides* are directed by women.

Returning to the discussion of *The Virgin Suicides* and its relationship with hysteria, as the introduction to this section argues, *The Virgin Suicides* successfully exemplifies hysteria in the three following ways: through the hysterical condition of the sisters, mass hysteria in the media, and through the outbreak of mass hysteria as a response to women's behavior.

First and foremost, the hysterical mental condition of the girls is shown, leading ultimately to their suicides. The viewer does not hear about the suicides from the girls, but rather their deaths are described by the narrator: "We would never be sure about the sequence of

events. We argue about it still. Most likely Bonnie had died while we were waiting in the living room, dreaming of highways. Mary put her head in the oven shortly thereafter. Therese, stuffed with sleeping pills was gone by the time we got there. Lux was the last to go.” Lux let exhaust from the car fill the garage, forcing herself to literally suffocate (as opposed to metaphorically suffocating by the hands of repression), with a cigarette dangling from her hand out the car window. It seems that Lux had organized and orchestrated the entire thing, as if the only “non-virgin” was corrupting the rest of her sisters.

Seemingly unrelated to the deaths of the Lisbon sisters, another example of mass hysteria arises, “over a year from the time Cecilia had slit her wrists, spreading the poison in the air.” There was an odor that overtook the city, annoying those who had their debutante “coming outs,” which were remembered mostly by the stench. One girl’s parents embraced the widespread panic regarding the smell and made the theme of their daughter’s party “Asphyxiation.” So as to commit to the theme, the house was filled to the brim with green smoke and guests had bedazzled gas masks. This is comparable to how Lydia’s mother is always watching news coverage on the nuclear arms race—there is a thick apocalyptic energy in the air.

In terms of mass hysteria as a response to girls’ behavior, there is an element of obsession not only from the narrator and his friends, but from the neighbors (as shown when they crowd around the Lisbon residence to gossip) and also from the media. After Cecilia’s death, a newscaster comes to the house to interview the family and do a piece on the suicide. She uses Cecilia’s death as a way to produce public interest and awareness, or panic and anxiety, in the community. Then again, following the deaths of the four other Lisbon daughters, the same newscaster uses the story to cause even more panic; at the beginning of the segment she asks the

viewers “It’s four pm, do you know where your children are?” She uses phrases like “suicide pact” to rile up the masses and create an environment filled with mass hysteria.

To conclude the analysis of *The Virgin Suicides*, the most important quote is given by the narrator, superimposed over a montage of romanticized images of the five Lisbon sisters running in fields, their hair blowing in the breeze:

...we started to learn about their lives. Coming to hold collective memories of times we hadn’t experienced. We felt the imprisonment of being a girl, the way it made your mind active and dreamy and how you ended up knowing what colors went together. We knew that the girls were really women in disguise, that they understood love, and even death, and that our job was merely to create the noise that seemed to fascinate them. We knew that they knew everything about us... and that we couldn’t fathom them at all.

This quote, coming from the mind of an adolescent boy, albeit a fictional adolescent boy, is incredibly introspective and perfectly implants this idea that is the director’s message. This thesis asserts that despite the narrative being told and potentially misconstrued by it being told by hormonal pubescent boys, the director, Coppola, wants the audience to understand that the young girls felt this feeling of imprisonment, the dreamy fog in their minds, that the girls themselves understood womanhood and what that meant for them, and that their narrative is primary.

CONCLUSION: Sex Sells & So Do Hysterical Women's Stories

Since beginning the process of writing this thesis, I have become hyper-aware of the conversational uses of the word “hysterical.” Someone makes a joke, and I respond, “That is *hysterical!*” I stop and reflect... when did jokes become hysterical?¹⁷⁰ Why do we laugh when something or someone is “hysterical”? The investigation for the answer to my questions ended up being what is essentially a summary of this entire thesis. My answer? The nature of being hysterical, in every sense of the word, serves as entertainment for the public. How is the public entertained if not mostly through art forms such as film, photography, comedy, drama, literature, etc. It is a simple conclusion to come to after writing pages of analysis.

The evidence of this theory lies in Charcot's photographs of his hysterical patients, in the shows Charcot's hysterics were put on display for physicians' and audiences' viewing pleasure, and finally, in *Hysteria* (2011), *A Dangerous Method* (2011), *Augustine* (2012), *Black Swan* (2010), *The Falling* (2014), and *The Virgin Suicides* (1999).

Just as sex sells, so does the prurient nature of hysterical women's narratives. Just as there is a fascination with female madness, the obsession with female sexuality, specifically in cinema, is universal within storytelling. Hysterical women were never bought (or believed, really), but their stories have been deemed lucrative and worth telling, by female and male directors alike. Although portraying hysterical women's stories validates their experiences to an extent, they are over-sexualized invalidating their experience and reducing them to a commodity for sexual objectification and visual consumption. The films spread consciousness on the historical phenomena of hysteria, yet dramatize the stories and by doing so, providing the public with erroneous information and skewing the “truth” of what really happened (even when “truth”

¹⁷⁰ According to the Online Etymology Dictionary, the actual use of the term “hysterical” as an adjective meaning “very funny” began around 1939 and stems from “the notion of uncontrollable fits of laughter.”

is subjective). The films critique the stifling of female sexuality, yet turn female sexuality into a spectacle to the heterosexual, male gaze.

Now, when we say, “that’s hysterical,” we validate the “hysteric’s” sense of humor all the while, saying “you are being hysterical” to castigate and belittle others’ behavior. Generally speaking, as a population, society has used and continues to use hysteria to describe the extremes and to describe excess. When someone is behaving in a way that is “too much,” or when something is “too funny,” they or it fall past the scope of normality and general, societal expectations and we label it as hysterical because what humans fear what they do not understand and cannot label or identify and because we take pleasure in being amused.

In 2017, a contributor to Broadly¹⁷¹ named Bethy Squires wrote a poignant article titled “What Our Obsession with Tragic, Beautiful, Mentally Ill Women Says About Us”; the subheading reads: “Since the Victorian days—where “hysterics” confined in institutions were forced to dress and act like Ophelia—mental illness in women has wrongly been framed as something beautiful and unknowable.” The cover photo is a shot of Lux laying in the grass surrounded by glowing light from *The Virgin Suicides* and the article’s goal is to address “the romantic mythology of the mentally ill woman.”¹⁷² Squires continues to describe the archetype of the mentally ill woman in cinema: “Film became the site of a ubiquitous stock figure figure—the tragic, beautiful, woman struggling with some highly gendered form of mental illness, which I’ll refer to as the Sexy Doomed Sad Girl.”¹⁷³ Squires cites a review of *A Dangerous Method*,

¹⁷¹ Broadly, according to their website, is an online platform dedicated to diversifying “whose experiences are included in our generation’s narrative... by centering the lives and experiences of women, gender non-conforming people, and LGBT individuals, Broadly provides a space for us to understand, express, and navigate our identities as we define who we are and where we’re headed next.”

¹⁷² Bethy Squires. “What our Obsession with Tragic, Beautiful, Mentally Ill Women Says about Us.” October 20, 2017, Available from https://broadly.vice.com/en_us/article/wjg8em/what-our-obsession-with-tragic-beautiful-mentally-ill-women-says-about-us.

¹⁷³ The “Sexy Doomed Sad Girl” is often accompanied in films by who I like to call: “the nerdy girl who is beautiful when she takes off her glasses” and “the fat girl who is loved by the quarterback despite her size.”

where the author (a man named Terrence Rafferty) concludes “that film, as a medium, tends to concern itself with the inner thoughts of a beautiful woman only if she's insane, and to only care about the insane if they are beautiful women.”¹⁷⁴ Rafferty continues, “Some of the movies’ disturbed women get the proper treatment—psychiatric and cinematic—and many do not, but even when the analysis fails, the looking remains.”¹⁷⁵ The “looking” refers to the male gaze and consumption of women, which he identifies as a constant factor in the portrayal of mentally ill women. Rafferty characterizes Portman’s character in *Black Swan*: “we watch the insanity grow from small, tender shoots of repression and insecurity into a large and colorful bloom of psychosis, and then the picture’s over.”¹⁷⁶ All the while, he ends his review by admitting and agreeing with this thesis’ assertion that the women’s narratives are honored to a certain extent, when he says: “And in some strange way, their movies do honor to their madwomen by respecting the integrity of their delusions.”¹⁷⁷ Squires, refers to *Girl, Interrupted* and *Prozac Nation* as instances where women have reclaimed the narratives of their mental health. She concludes her article eloquently:

Mental illness isn't a phase... It's a deeply complex topic; anyone reading *Girl, Interrupted* understands that Kaysen's life isn't all flower garlands and staring off into the middle distance. Hysteria sufferers at the Salpêtrière didn't get to tell their stories, and were instead relegated to actors playing themselves in someone else's account of their purported "madness." When women are in control of their own story, the truth comes through in all its unsexy, messy glory. That is a different kind of beauty.

There is beauty in women telling their own stories, like Charlotte Perkins Gilman did, and there is true beauty in women’s stories being heard. The magnificent instance where the creators of *A Dangerous Method* used Spielrein’s journal as reference and believed

¹⁷⁴ Squires, 2017.

¹⁷⁵ Terrence Rafferty. "Let’s See What’s Inside that Pretty Head." November 23. Available from <https://www.nytimes.com/2011/11/27/movies/a-dangerous-method-and-mental-illness-in-movies.html>.

¹⁷⁶ Ibid.

¹⁷⁷ Ibid.

her side of the story is rare and all too often, women's words go unheard and overshadowed by those of the men in their lives. Unfortunately, the hysterical women of Salpêtrière did not get the opportunity to tell their truths. We will never truly know the whole truth and nothing but the truth... but one lesson to take away from this thesis is that when women speak, listen; and when women's stories are capitalized upon in any way, be critical of whose reality is actually being portrayed.

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